

**VICTOR SCHOOL DISTRICT NO. 7
PURCHASE REIMBURSEMENT
VOUCHER BLANK**

425 4th Avenue Victor, Montana 59875 (406) 642-3221

IN ACCOUNT WITH

Name _____

Address _____

City _____ State _____ Zip Code _____

Account _____ Date _____

Date	Quantity	Item Description	Unit Cost	Total Amount
Total				

Please note: Out-of-pocket expenditures of personal funds on behalf of the district are discouraged. Whenever they do become necessary, such purchases are still subject to the standard purchasing practices of the district including the approval of a requisition in advance of the purchase. The original receipt is required for reimbursement.

Approved by _____
Name
Title

The undersigned says that the items mentioned in the foregoing account were furnished as therein stated and that the amount claimed is correct, just, due, and wholly unpaid. **NOTICE:** All reimbursement vouchers must be submitted on or before the 5th of the month for School Board approval of payment.

_____, Payee

By _____
 Suzanne Neville, Business Manager