

MOORESVILLE GRADED SCHOOLS VOUCHER REQUEST

PAYEE _____ **VENDOR #** _____

ADDRESS _____ **INVOICE #** _____

Budget Code	Description	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tax _____

Total Payment \$ _____

Special Payment Instructions: _____

Requested By _____ **Date** _____

Finance Officer

This instrument has been preaudited in the manner as required by the school budget and fiscal control act.

PAID

VEN # _____

BD.DC. _____

DATE PAID _____

CK # _____