



INVOICE

NAME: _____

DATE: _____

ADDRESS: _____

INVOICE # _____

CITY/STATE/ZIP: _____

REQUISITION# _____

PO# _____

DESCRIPTION	AMOUNT
<p><u>MUST SUBMIT ORIGINAL RECEIPTS TAPED TO 8 1/2 X 11 PAPER</u></p>	<p style="text-align: right;">\$ -</p>

NOTE: Attach Receipts, Sign & Send

- GRANTS:** Marie Underwood
Gov't. Center - 5th flr
- OPERATING:** City Accounts Payable
Gov't. Center - 10th flr
- SP-ED:** Wayne Holland's Office
Gov't. Center - 5th flr
- GE GRANT :** Karen Wilson
Gov't. Center - 5th flr

NOTE: Use this form in all instances where staff members or other authorized individuals request reimbursement for funds expended out-of-pocket while on official business of the Stamford Public Schools. Please note that the school system is tax-exempt and can neither pay nor reimburse for taxes paid out. This form will not be processed for payment unless it is properly executed and signed by the claimant.

ALL SIGNATURES REQUIRED!!

CLAIMANT SIGNATURE: _____

This is to certify that the services charged and included in the below claim have been actually performed to the above-named school system and no payments have been received except as noted herein.

SCHOOL/DEPT NAME: _____

FUNDING SOURCE: _____

PRINCIPAL/ADMINISTRATOR _____

FINANCE DEPT (check receipts and totals) _____

IF GRANT FUNDED:

DIRECTOR OF GRANTS: _____

ASSISTANT SUPERINTENDENT: _____