VISALIA UNIFIED SCHOOL DISTRICT

Maintenance Department

THEFT/VANDALISM INVOICE

Site:_____

Incident Date: _____ Reported By :_____

Items Replaced from Stock (Please attach quote/invoice from vendor)

Description	QTY	Cost
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Labor:_____ (hours) x $_____ (rate) = Total Labor $_____

Total (if more lines are needed attach separate sheet) **$_____**

Account to Credit:

___-_____- 0 -_____-_____-_____-____-_____-____

Invoice Authorized By:

_____ _____

Signature *Name and Title*

For Purchasing & Accounts Payable Use Only:

Pre-postings:

___-_____- 0 -_____-_____-_____-___-____-___ $_____

___-_____- 0 -_____-_____-_____-___-____-___ $_____

___-_____- 0 -_____-_____-_____-___-____-___ $_____

Payment Completed on _____by _____, Accounts Payable.