

HOLBROOK PUBLIC SCHOOLS
EXPENSE VOUCHER

DATE: _____

APPROPRIATION # _____

NAME AND ADDRESS OF PAYEE:

SCHOOL DEPARTMENT EMPLOYEE (X)

NAME _____

STREET ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

TOTAL EXPENSES: \$ _____

SUBMITTED BY: _____

APPROVED BY: _____

APPROVED BY: _____