# ORISKANY CENTRAL SCHOOL DISTRICT
# VOUCHER REQUEST

***** PLEASE NOTE: VOUCHERS ARE ONLY TO BE USED IN CIRCUMSTANCES WHERE THERE WAS NO OPPORTUNITY FOR ADVANCE NOTICE IN ORDER TO CREATE A PURCHASE ORDER - THIS SHOULD BE A RARE CIRCUMSTANCE - RESERVED FOR EMERGENCY/UNFORESEEN EVENTS *****

| | | | |
|---|---|---|---|
| **Department/Person/Program** | | | |
| **Payment Name** | | | |
| **Payment Street** | | | |
| **Payment City, State Zipcode** | | | |
| **Payment Phone** (including area code) | | **Payment Email:** | |

*Please enter the date, description and amount of the request and attach an invoice,* ***the voucher request is not able to be processed without an invoice.***

| Date | Description | Amount |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |
| | **Total** | **$0.00** |

| *Justification for using voucher instead of a purchase order:* | Fund - Appropriation Budget Code | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | **Check Total** | **$0.00** |

**DEPARTMENT APPROVAL**

The above services and materials were rendered or furnished to the Oriskany Central School District on the dates stated and the charges are correct.

| Name of Person Submitting Voucher (Printed) | Signature of Person Submitting Voucher | Date |
|---|---|---|
| **Name of Administrator Approving Voucher (Printed)** | **Signature of Administrator Approving Voucher** | **Date** |

**PAYMENT APPROVAL**

This claim is approved and ordered paid from the appropriation(s) listed above.

| | Signature of Business Administrator | Date |
|---|---|---|

updated 2/2019