

COLUMBIA PUBLIC SCHOOLS PAYMENT VOUCHER FOR SPORTS OFFICIALS



SCHOOL: _____ DATE SUBMITTED: _____ PURCHASE ORDER NO: P
(for office use only)
 EVENT/SPORT: _____ EVENT DATE(S): _____

OFFICIATING FEE PAYMENT		Vendor Number	Officiating Fee Amount	Account Code	
Sports Official's Name & MSHSAA #	Sports Official's Signature			Key (10 digits)*	Object
		V _____ (for office use only)	\$ _____ (for office use only)	140 _____ 0 (for office use only)	6313
For soccer only, please specify position worked - Varsity: Center ☐ AR ☐ Jr. Varsity: Center ☐ AR ☐ Freshmen: Center ☐ AR ☐ For tournaments, indicate number of games worked _____					

TRAVEL MILEAGE PAYMENT		Mileage Rate	Total Mileage Amount	Account Code	
Traveling From Location	Number of Miles Driven (Roundtrip)			Key (10 digits)*	Object
		\$0.55	\$ _____	140 _____ 0 (for office use only)	6344
		\$0.55	\$ _____	140 _____ 0 (for office use only)	6344

If this Official is a member of a group that CPS has a formal written agreement with to pay a different mileage rate than \$0.45, change the rate above and attach agreement.

REIMBURSEMENT FOR SUPPLIES PURCHASED BY OFFICIAL	Supplies Amount	Account Code	
Description of Supplies Purchased for Event (original detailed receipt must be attached)		Key (10 digits)*	Object
	\$ _____	140 _____ 0 (for office use only)	6412
	\$ _____	140 _____ 0 (for office use only)	6412
Total Supplies Amount		\$ _____	
		\$ _____	Grand total due to Official

 Budget Manager Approval District Athletic Director Approval