

Portland Public Schools
DIRECT VOUCHER

**VENDOR INVOICE
WITH NAME & ADDRESS
MUST BE ATTACHED**

Voucher No.

Central Office Use

Invoice Header Information

Vendor Name

Invoice Date

Invoice Number

Line Information and Charges

Line	Amount	Description	FUND	FUNCTION (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT
Line	Amount	Description	FUND	FUNCTION (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT
Line	Amount	Description	FUND	FUNCTION (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT
Line	Amount	Description	FUND	FUNCTION (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT
Line	Amount	Description	FUND	FUNCTION (Program)	OBJECT (Account)	SITE LOC	AREA (Class)	PROJ	DEPT

Total

\$ 0.00

Business Purpose of Costs

I CERTIFY THAT NO ALCOHOL PURCHASES ARE INCLUDED ON THIS REQUEST.

AUTHORIZED SIGNATURES

REQUESTED BY (NAME)	AUTHORIZATION (PRINCIPAL / SUPERVISOR)	DATE
	X	
SCHOOL/DEPARTMENT	GRANT APPROVAL IF REQUIRED	DATE
	X	
TELEPHONE NUMBER	ADDITIONAL AUTHORIZED SIGNATURE, IF REQUIRED	DATE
	X	