



BO-09

Revised  
4/21/2026

# Tornado Shelter Stipend Voucher

**Submit the completed form, including original signatures, to the FSPS Police Department for final approval. Forms that are incomplete will be returned for completion.**

Payee Name: \_\_\_\_\_

District Employee  
Employee ID#: 6601 \_\_\_\_\_

Non-District Employee  
Vendor #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Tornado Shelter Site: \_\_\_\_\_ Date of Duty: \_\_\_\_\_

***\$60.00 per occurrence***

Amount Due: \$ \_\_\_\_\_

\_\_\_\_\_  
*Payee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Police Department Administrator Signature*

\_\_\_\_\_  
*Date*

For Business Office Use Only: (A/P) 2000 2620 LEA 000 00 63900  
(P/R) 2000 2620 LEA 000 00 61120

