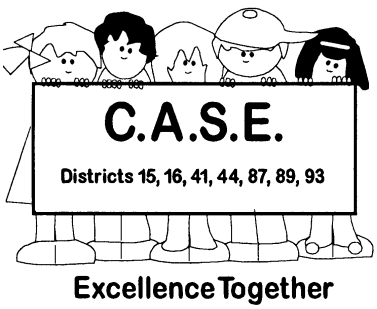

EXPENSE VOUCHER
(original receipts must be attached)

List Receipts	Reasoning For Purchase	Amount
	TOTAL:	$0.00

Name:_____
(Please print name)

Address:_____

City, State, Zip:_____

Account Number:_____

Special Education Administrator Approval:_____
(date)

Executive Director Approval:_____
(date)