

EXPENSE VOUCHER

UNIFIED SCHOOL DISTRICT #273

NOTE: This form is to be used for reimbursement of all approved expenditures
made personally by school employee

| DATE | EXPLANATION | AMOUNT |
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TOTAL EXP. _____

AMOUNT PAYABLE TO EMPLOYEE: _____

CHARGE TO ACCOUNT: _____

DATE

Printed Name of Employee

Signature of Employee

Approved by _____

Building Principal

Address (if check is to be mailed)