

Galt Joint Union Elementary School District

PAY VOUCHER FORM-HAND REQUISITION

JULY 2024 - JUNE 2025

FISCAL SERVICES USE ONLY:

PV #: _____

INVOICE DATE _____

VENDOR NUMBER _____

VENDOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAST DUE (YES/NO) _____

Invoice Number

Description

(ORIGINAL INVOICE/RECEIPT AND BACKUP DOCUMENTATION MUST BE ATTACHED IF NEEDED)

ACCOUNT NUMBER/ FUNDING SOURCE

AMOUNT

ACCOUNT NUMBER/ FUNDING SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL AMOUNT \$ _____

INITATED BY: _____ DATE _____

DEPARTMENT APPROVAL: _____ DATE _____

SITE ADMIN APPROVAL: _____ DATE _____

DISTRICT ADMIN APPROVAL: _____ DATE _____

FISCAL SERVICES APPROVAL: _____ DATE _____

ROUTING PROCEDURE: Initiator> Dept Approval (If Needed)> Site Admin Approval> District Admin Approval (If Needed)> Fiscal Services Approval