



**EXPENSE VOUCHER
for PURCHASES**

Wenatchee School District #246
235 Sunset Ave., Wenatchee, WA 98801

INSTRUCTIONS:
Please see reverse
side of form.

DO NOT USE THIS FORM FOR TRAVEL EXPENSES.
This form is for purchases that cannot be made through a Purchase Order. Please attach ORIGINAL itemized receipts that show full payment for all items.

Reason for using this form:

- Vendor does not accept PO's
- Other: _____

Pay to the order of: _____

Address: _____

School/Location: _____

Date of Purchase	Vendor	Items Purchased and Reason for Purchase	Amount	Budget Code to Charge
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

TOTAL DUE EMPLOYEE \$ _____

CERTIFICATION: I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account.

Employee/Payee Signature: _____ Date: _____

Student Signature (Required for ASB Purchases): _____ Date: _____

Administrator Signature: _____ Date: _____