

LOS BANOS UNIFIED SCHOOL DISTRICT

PAY VOUCHER FORM

JULY 2023 - JUNE 2024

FISCAL SERVICES USE ONLY:

PV #: _____

INVOICE DATE _____

VENDOR NUMBER _____

VENDOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAST DUE (YES/NO) _____

DESCRIPTION OF PAYMENT

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

ACCOUNT NUMBER

AMOUNT

ACCOUNT NUMBER	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