

ATHLETICS

FILL IN HIGHLIGHTED AREAS



For Accounting Use Only
PV# _____

PAYMENT VOUCHER REQUEST

SPORT/TEAM:

Site/Department: Cal High Athletics / Date: _____

Requested By: _____ COACH Approved By: _____

Reason for Request:

AD SIGNATURE:

Employee Reimbursement

Other (*Explanation Required*)

DETAILED DESCRIPTION OF PURCHASE:

Make warrant in the amount of \$ _____ payable to:

Employee/Vendor Name: _____

Address: _____

Vendor #: _____

Charge to:

<u>Account Code</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Invoices and receipts MUST equal this amount TOTAL \$ _____

I hereby certify that the above is a correct and true statement of the actual expenses incurred by me in the performance of official duties.

Signature (Required for Employee Reimbursement)

NOTE: Request will not be processed if sufficient budget is not available. All back-up documentation, including original receipts, must be attached.

For Accounting Dept. use only
Accounting approval: _____ CAL HIGH FINANCE APPROVAL: _____

Distribution: Original - Accounts Payable; please keep a copy for your records.