

DOUGLAS COUNTY SCHOOL DISTRICT RE-1

PAY VOUCHER

Date: _____

Employee, ID # _____

Non-Employee, ~~SSN #~~ _____

PV # _____
Vendor # _____

Payee Name _____

School / Department: _____

Address: _____

Contact Person _____

<u>DESCRIPTION / INVOICE # / DATE</u>	<u>ACCOUNT CODE</u>									<u>AMOUNT TO BE PAID</u>
	FD	LOC	FC	PROG	OBJT	JOB	GRNT	YR	COST	

MAIL TO PAYEE

SEND BACK TO SCHOOL

The supplies / services listed above are budgeted, appropriated, and necessary

Received complete and in good condition.

Signature

Date

Budget Holder Approval Date
Douglas County School District Re-1

Authorized Purchasing Department Official Date
Douglas County School District Re-1

PAY VOUCHER

GUIDELINES

1. The Pay Voucher form is used by the Budget Holder for payment of items or services not ordered or encumbered on a Purchase Order, or paid by P-card.
2. The Pay Voucher form may be used as a request to pay in advance for fees, membership, dues or other non-merchandise payments that will require no receiving or future invoicing.
3. Examples of appropriate payments for use of Pay Voucher are:
 - a. Refunds of student fees
 - b. Some dues and fees/memberships. Athletic fees are limited to \$250 on vouchers.
 - c. Speaker fees/stipends/assemblies/ honorariums
 - d. Individual reimbursements over the petty cash limit (\$50) and less than \$1000.
 - e. Receipts must contain ONLY the items and dollar amounts to be reimbursed – no personal purchases can be combined with purchases requiring reimbursement.
 - f. Items requiring reimbursement cannot be shipped to a home address. All orders to be paid with district funds must be shipped to a school/site location only.

Reimbursements cannot be made for purchase of furniture, equipment, technology and items available via warehouse stock or District bids/contracts.

INSTRUCTIONS

1. Date: _____ (Today's date).
2. Payee Name & Address: _____ Name and address of payee as it appears on invoice, subscription, letter, etc.
3. Employee ID# _____ Employee ID # for district employees, social security
Other SSN _____ number or Federal ID number of other payee
4. School/Department/ _____ Name of school/department originating Pay Voucher
Contact Person: _____ form and person to contact for questions.
5. Description/Invoice No./Date: _____ Brief description of items for payment, invoice
number and Date.
6. Account Code: _____ School/department appropriate budget account
number to be charged
7. Amount to be Paid: _____ Amount of invoice/payment minus sales tax.
8. Due Date: _____ Date when payment must be made.
9. Budget Holder Approval: _____ Budget holder signature and date.
10. Signature/Date _____ Signature and date of receipt of goods/services.
11. Distribution: _____ Staple receipts/invoices and/or applicable
supporting documents to this form and submit one copy
for payment via district mail or scan/email to Kristi
Husby in Purchasing. Purchasing will review for
policy compliance, account code, attachments and
signature.