

ORANGE COUNTY SCHOOLS
200 EAST KING STREET
HILLSBOROUGH, NC 27278

SERVICES PAYMENT
VOUCHER REQUEST

Date:

PAYABLE TO:
MAILING ADDRESS:

SOCIAL SECURITY #:

Account Code:

AMOUNT: \$
ACCOUNT CODE: 5.4314.035.

REASON FOR REFUND:

STUDENT NAME:

SCHOOL:

MANAGER SIGNATURE:

PARENT/GUARDIAN SIGNATURE:

APPROVED FOR PAYMENT
BY _____

DATE _____

THIS INSTRUMENT HAS BEEN
PREAUDITED IN THE MANNER
REQUIRED BY THE SCHOOL
BUDGET AND FISCAL CONTROL
ACT.

SCHOOL FINANCE OFFICER

DATE

NOTE: THIS FORM CANNOT BE USED FOR SUPPLIES, MATERIAL AND/OR
EQUIPMENT. SUPPLIES, MATERIAL AND/OR EQUIPMENT MUST BE HANDLED
THROUGH THE PURCHASING SYSTEMS.