

ORANGE COUNTY SCHOOLS  
200 EAST KING STREET  
HILLSBOROUGH, NC 27278

SERVICES PAYMENT  
VOUCHER REQUEST

Date:

PAYABLE TO:

MAILING ADDRESS:

Account Code:

AMOUNT: \$

ACCOUNT CODE:

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.