

# Gadsden County School District

## VOYAGER FLEET GAS CARD RECEIPT FORM

Attach the receipt(s) to this page.

This form and receipt(s) must be submitted when returning the Voyager Fleet card to Stephanie Brown-Byrd in the Finance Department.

Employee responsible for Voyager Fleet card: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Total Amount of fuel purchase(s): \_\_\_\_\_

Purchase purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### COST CENTER FOR EXPENDITURE

FUND	FUNCTION	OBJECT	CENTER	PROJECT	PROGRAM

I certify that all information is factual and accurate, that the attached documentation represents payment for charges that have been received, and that these are appropriate expenditures in accordance with the funding source.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_