

## **Oxford Public Schools**

## **Voucher Reimbursement Form A**

Directions: Complete itemized list of actual expenses and attach all receipts to this form and enter purchase order number. Upon signature by School/Department Administrator send this form with attached receipts to the Central Office Business Department for processing.

Date:		Submitted By:				
School/Loc	ation:		•			
temized Li	st of Act	ual Expenses for Rei	mbursem	nent		
	Description of Reimbursement			Anticipated Costs		Purchase Order Number
Products						
Services						
Dues/ Fees						
Food						
Other						
Prior Appr	oval Nee	ded for All Reimburse	ements			
Approved By (Cost Center) Administrator: Signature:					Da	ate: