**Gadsden County School District**

**VOYAGER FLEET CARD RECEIPT FORM**

**Attach the receipt to this page. Receipt must include a date.**

**This form and receipt 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**COST CENTER FOR EXPENDITURE**

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| --- | --- | --- | --- | --- | --- |
| **FUND** | **FUNCTION** | **OBJECT** | **CENTER** | **PROJECT** | **PROGRAM** |
|  |  |  |  |  |  |
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 **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.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**