

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
FINANCIAL SERVICES -- ACCOUNTS PAYABLE
 1960 LANDINGS BLVD. -- SARASOTA, FL 34231-3331
 PHONE 927-9000 X 31335 --- FAX 927-4017

VENDOR PAYMENT VOUCHER REQUEST

PAYMENT TO: NAME:	ACCOUNTS PAYABLE USE VENDOR #
STREET/BOX	
CITY/STATE/ZIP	

SOCIAL SECURITY # ____ - ____ - ____ **FEDERAL IDENTIFICATION #** ____ - ____

DESCRIPTION - COST STRIP - APPROVAL

DESCRIPTION OF GOODS RECEIVED OR SERVICES RENDERED:

PLEASE ATTACH ORIGINAL RECEIPTS/INVOICES TO BACK OF THIS FORM

CONTACT PERSON _____ **CONTACT PHONE** _____

COST STRIP:

Line	Fund Source	Function	Object	Cost Center	Project	Amount
1						
2						
3						
4						
5						
[If more than 5 cost strips attach addendum]						
Total						

APPROVAL:

I hereby certify that this claim is true and correct in every material matter, that the expenses were actually incurred and for official District purposes.

Cost Center Head/Director: _____ **DATE:** _____

INSTRUCTIONS

- This form is designed to expedite vendor payments where a purchase order is not appropriate i.e.:**
- 1.) Fees for non-contracted services, memberships, registrations, field trips, postage, single subscriptions
 - 2.) Non-contracted rental or lease payments
 - 3.) Departmental petty cash reimbursements
 - 4.) Instructional expenditures for Home Economics programs and Band instrument repair
 - 5.) Special requests with prior approval from the Controller's office.

All requests must be sent directly to Financial Services/Accounts Payable

An IRS Form 1099 will be issued for all transactions covered by Federal regulation.

INTERNAL USE FOR APPROVAL OR DISAPPROVAL

THE FOLLOWING IS BEING APPROVED/DENIED BASED ON THE FOLLOWING:

ID Numbers Budget Approval
 Description Cost Strip Invoice/Documentation
AUDITED/APPROVED