

FOR ACCOUNTING DEPARTMENT
(Do not fill in)

EXPENSE VOUCHER

<u>Pay:</u>
<u>Program #:</u>
<u>Line Item</u>
<u>Check #:</u>
<u>Date:</u>
<u>OK'D:</u>

PLEASE ATTACH RECEIPTS TO BACK

Project LOCAL
851
FORM B

NAME:	DATE:
ADDRESS:	
PROGRAM #	SOCIAL SECURITY #

DATE	DESCRIPTION	AMOUNT
TOTAL AMOUNT EXPENDED		

I HEREBY CERTIFY THAT I HAVE INCURRED ALL OF THE ABOVE EXPENSES ON BEHALF OF THE SHORE EDUCATIONAL COLLABORATIVE.

APPROVAL: CERTIFIED FOR CORRECTNESS AND AVAILABILITY OF FUNDS APPROVED PAYMENT BY SUPERVISOR.

SIGNED:

(EMPLOYEE)

SIGNED:

(SUPERVISOR)