

**INVOICE VOUCHER**

MAIL  
RETURN CHECK TO:

VENDOR NUMBER

PAY TO:

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

ORIGINATOR/SHIP TO:

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

PALO ALTO UNIFIED SCHOOL DISTRICT

DATE: \_\_\_\_\_

DESCRIPTION (ATTACH ALL INVOICES AND RECEIPTS)	AMOUNT
ACCOUNT NO. _____	0.00

APPROVE:

SIGNED:

\_\_\_\_\_  
PRINCIPAL OR DEPT. HEAD  
\_\_\_\_\_  
PURCHASING AGENT/BUSINESS MANAGER

**FOR BUSINESS OFFICE USE ONLY**

Accrue Sales Tax at \_\_\_\_\_% on \$ \_\_\_\_\_