

P.O. Closed on:

By:

**SOMERSET PUBLIC SCHOOLS
&
SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT**

Voucher

Your Name _____ **Date:** _____

Address: _____ **P.O. :** _____

Signature: _____

By my signature, I certify that I am requesting reimbursement for the item(s) listed below.

Date(s)	Description of Activity/Conference/Workshop	Amount
	Total Claimed	

Supervisor Signature _____ **Date** _____

Director of Business and Finance Signature _____ **Date** _____

Superintendent Signature _____ **Date** _____

Charge Line: _____