

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.

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

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Chief Financial Officer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Charge Line:** \_\_\_\_\_