Expense Voucher

Washington County School Nutrition

Make Check Payable To: **Date of Invoice:**

Purchased From:

Quantity	Description	Unit	Unit Price	Amount
				Total
Subtotals				0

Notes:

School To Be Charged:

Received By:

I have incurred the above expenses on behalf of WCSN Dept..

Signed:

Print Name:

Approved For Payment:
Supervisor