

LA CRESCENT HOKAH SCHOOL DISTRICT
PAYMENT / PAYROLL VOUCHER

Instructions: This form is to be used for payroll or payment reimbursement. All receipts and documents must be attached for full payment.

Payment to: _____

Voucher Date: _____

Address: _____

City/State/Zip _____

Description: *Include dates and details*

Amount Requested

Code: _____

I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.

Signature: _____ Supervisor Signature _____ Date: _____