

ARLINGTON PUBLIC SCHOOLS STANDARD PAYMENT VOUCHER

This form is used to authorize payment for **completed outside** contracted services (i.e. special education tutoring, translations, professional and technical services) **and** for the reimbursement of out-of-pocket expenses (including APS employees). All information requested must be provided to ensure payment.

Documentation for reimbursement must include original receipts, cancelled checks and credit card statements. Documentation should be taped to a separate sheet of paper and attached to this form.

Arlington Public School employees **should not** use this form for payment for additional services (i.e. workshop stipends, coaching stipends, additional duties). There is a separate payroll form that should be used.

Purchase Order No. _____
(Provide information above, if known)

Fiscal Year (Budget Yr.) _____

Budget Codes

	Org		Object

**MUST BE TYPEWRITTEN OR PRINTED LEGIBLY and
SUBMITTED IN DUPLICATE INCL. DOCUMENTATION**

Name _____

Vendor Code #

(business office use only)

Address _____

City _____ State _____ Zip Code _____

Social Security # _____

Dates	Hours	Description of Service OR Reimbursement	Rate	Total Cost

I certify that the hours, rates and services detailed above are a true and accurate record of authorized service.

Submitted by: _____
(Service Provider) (Date)

Approved by: _____
(Principal or Department Head) (Date)

Approved by: _____
(Supt., Asst. Supt., CFO) (Date)

