

REGIONAL SCHOOL UNIT #20  
 PO BOX 363, 6A LIONS WAY, BELFAST, MAINE 04915  
 Phone: 207-338-1960 FAX: 207-338-4597

## REIMBURSEMENT VOUCHER

\*Please use this voucher for reimbursement. For auditing purposes, **dates, number of hours** work performed, as well as the **reason for reimbursement, item(s) purchased, cost and total amount**, must be included on the form.

<b>Pay to:</b>	<b>Social Security #:</b>
<b>Address:</b>	<b>Date:</b>
<b>Zip:</b>	

Reason for Reimbursement	Date(s)	Total Hours	Cost	Total Amount
<b>Staff Signature</b>	<b>Date</b>			

<b>Signature of Approval by Supervisor</b>	<b>FOR OFFICE USE ONLY</b>
<b>Date Signed:</b>	<b>Budget Code:</b>
<small>*Hours → Payroll          *Purchase → Accounts Payable           Revised: 10/13/09</small>	<b>Amount of Check:</b>
	<b>Check Number:</b>
	<b>Date:</b>