AC0022 Rev. 9/14

Auditor ____

\$225 CERTIFICATED ALLOTMENT FOR SUPPLIES AND EQUIPMENT

Accounting Department Lincoln Public Schools

Date		Account Numb		
Name			er	
Employee ID No.				
School		Unused Balance \$	Unused Balance \$	
VENDOR	DESCRIPTION	PURPOSE	AMOUNT	
· · · · · · · · · · · · · · · · · · ·	DESCRIPTION	1 3111 332	Amount	
		TOTAL Reimbursement \$		
The following guideling for Supplies and Ed	nes are suggested to help speed the processing	g of \$225 Certificated Allotment		
	• •			
	is voucher to request reimbursement.			
• •	# must be on the voucher.	The Constant of the Constant		
	and dated original invoice or register tape to dod it items. Gift cards/certificates are not negotiable			
4. Limit requests to a	minimum of \$50. Final claims will be processed	for lesser amounts.		
•	xplanation for any unusual items or charges.			
	d claim to your school office for processing. Kee	n a convitor your records until the navment is re	eceived	
7. See BA Bulletin #3		p a copy for your rocords aritin the paymont is to	occivoa.	
7. See DA Dulletiil #3	5 for filore details.			
ORIGINAL FORM, RECE	IPTS, ACCOUNT NUMBERS AND APPROPRIATE	X		
		(Claimant Signatu	re)	
I HEREBY CERTIFY THA	AT THIS CLAIM IS CORRECT AND IS UNPAID.	Y		
		(Administrator Signa	ture)	
SIGNATURES ARE REQUIRED, IF APPLICABLE. I HEREBY CERTIFY THAT THIS CLAIM IS CORRECT AND IS UNPAID. Prices and Terms Correct: Audited and Passed for Payment		(Claimant Signatu	(Claimant Signature)	