AC0017 Rev. 7/14

Auditor_

CLAIM VOUCHER

Accounting Department Lincoln Public Schools

	LINCOLN PUBLIC SCHOOLS
--	------------------------

Date		

VENDOR PLEASE NOTE:

- 1. Mail to: Linco
- 2. Federal ID N

ASE NOTE:	PURCHASE ORDER NO.	
lo. 47-6003955, State ID No. 5-0	Dept., P.O. Box 82889, Lincoln, NE 68501 0618144	
Name		1
Address		Account Number
City/State	Zip Code	

EMPLOYEE I.D. # OR FEDERAL I.D. # YOUR INVOICE NO.

QUANTITY	DESCRIPTION		UNIT PRICE	TOTAL	
SIGN AND RETURN AT ONCE			TOTAL COST \$		
PRIGINAL FORM, RECEIPTS, ACCOUNT NUMBERS AND APPROPRIATE $old X$		(Claimant Signature)			
NATURES ARE REQUIRED, IF			(Siamani Signatu	,	
HEREBY CERTIFY THAT THIS CLAIM IS CORRECT AND IS UNPAID.		X	(Administrator Signature)		
ces and Terms Correct: dited and Passed for Payment					