

School Community Council Payment Voucher



Name of School
Community Council: _____

Date: _____ Invoice No.: _____
MM/DD/YYYY

Payee Name
and address: _____

Description of Items: _____

Amount Payable: _____

Check if Donation

SCC Secretary/Treasurer's Signature _____

SCC Principal/Chair's Signature _____

NOTE: Invoices/Receipts must be attached before payment will be made unless it's a donation we need minutes from SCC meeting stating donation.

Office Use Only: 1-2-10-102-077-____-998
