

# 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: 1-2-10-100-998-____-998
---