

VOUCHER
 STUDENT ORGANIZATION ACCOUNTS-AGENCY FUND 60
 SCHOOL DISTRICT OF MONDOVI

Check # _____

Date _____

Date Paid _____

Account Number	Description of Payment	Amount
60-		
60-		
60-		
	Total	

Vendor No. _____ New Vendor _____ 1099 _____ Separate Check _____

Vendor Name : _____

Return Check
to Advisor _____

Address / Phone _____

(If new vendor) _____

_____ Phone _____