

ROWAN-SALISBURY SCHOOLS
Purchase Invoice Request

Vendor No. _____

Pay To: _____

INVOICE No. _____

*Please be sure to include the complete remit to address information for the vendor listed above.
Incomplete voucher request forms will be returned unprocessed.*

Account
Code: _____

Description: _____

Total: \$ _____

Requested By: _____ Date: _____

Principal/Director: _____ Date: _____

**THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER REQUIRED BY
THE SCHOOL BUDGET & FISCAL CONTROL ACT.**

Date

Chief Finance Officer