

**HOLBROOK PUBLIC SCHOOL
EXPENSE VOUCHER**

DATE: _____ **APPROPRIATION#** _____

NAME AND ADDRESS OF PAYEE: School Department Employee (X)

NAME _____

STREET ADDRESS _____

TOWN _____ **STATE** _____ **ZIP CODE** _____

TOTAL EXPENSES \$

SUBMITTED BY: _____

APPROVED BY: _____

APPROVED BY: _____

NOTE:

Vouchers and Receipts Must Be Submitted In Triplicate!