

VOUCHER

FREMONT COUNTY SCHOOL DISTRICT #6
 WIND RIVER & CROWHEART SCHOOLS

SEND ALL TO: BUSINESS OFFICE
PO BOX 10
PAVILLION, WY 82523

TO: _____

DATE: _____

QUANTITY	DESCRIPTION	PRICE PER DAY	AMOUNT

TOTAL _____

APPROVED BY: _____
SUPERVISOR

DATE: _____

DESCRIPTION	CODE	AMOUNT

PLEASE SIGN AND RETURN FOR PAYMENT

I certify under penalty of perjury, that this voucher and the items included herein for payment are correct and just in all respects.

 Signature of Claimant Date

WYO STATE LAW REQUIRES THIS VOUCHER BE SIGNED & RETURNED BEFORE PAYMENT CAN BE MADE.