

**Regional School District 18
Accounts Payable/Payroll
Pay Out Voucher**

Check Payable To:

Payment for:

To be used in which school:

To be charged against program:

Date: _____

Amount: _____

Principal's Approval
(Signature)

Date

**Please send completed form to Marilyn M. Warren, Business Manager,
for approval of payment.**

Business Manager's Approval

Date

Code # _____

Check # _____

Date _____