

## **Farmersville Unified School District**

## Small Purchase Claim

Employee:	
Address:	

Voucher #:	
Vendor #:	

## ITEMIZE AND SUBMIT THIS FORM IN DUPLICATE WITH RECEIPTS ATTACHED

Date	Items Purchased / Vendor	Amount

Total

I hereby certify that each item of expenditure listed above was made by me for the Farmersville Unified School District; that said expenditures constitute a legal claim against said district and that no part of this claim has heretofore been paid. There are no charges for alcoholic beverages included on this claim.

Approved By

Claimant's Signature

Date

Purchase Order # \_\_\_\_\_

OR

FD	RE	ΡΥ	GO	FD	OB	SI	MG	%	\$ AMOUNT