

Coquille School District 8

1366 N Gould Street
Coquille, OR 97423
Phone: 541-396-2181 Fax: 541-396-5015

Purchase Order _____

Close PO Yes No

CREDIT CARD VOUCHER

VISA AMERICAN EXPRESS (CHECK ONE)

VENDOR PURCHASED FROM: _____

EMPLOYEE NAME: _____

Reason for Expense:

Date	Description of Expense	Cost
Total		

Employee Signature & Date: _____

Account		\$
Account		\$
Account		\$
Account		\$
Total		\$

Superintendent/Business Manager Signature _____

Receipts must be attached to expense form!