BEDFORD COUNTY SCHOOL BOARD
REIMBURSEMENT VOUCHER
~ FEDERAL FUNDS ONLY ~

SCHOOL NAME: _____ DATE: _____

PAYEE	DESCRIPTION	DATE PAID	CHECK NUMBER	AMOUNT PAID	
			TOTAL	$	

PROGRAM		ACCOUNT NUMBER
TITLE VI -	LIBRARY	
TITLE IV -	SAFE AND DRUG FREE SCHOOLS	
TITLE VIB -	SPECIAL EDUCATION	
SECTION 619 -	PRE-SCHOOL	

_____ _____

COST CENTER DIRECTOR DIRECTOR OF BUSINESS AND FINANCE

_____

PRINCIPAL OR DEPARTMENT HEAD

SBO 5/99