BEDFORD COUNTY SCHOOL BOARD
REIMBURSEMENT VOUCHER
(Non-Travel)

Date_____ 20_____

Payee Name/Address:

Social Security #_____

DATE	DESCRIPTION/PURPOSE	QTY.	UNIT COST	TOTAL COST

TOTAL $

FUND	FUNCTION	SUB FUNCTION	ACTIVITY	COST CENTER	OBJECT	COST

Cost Center Director

Director of Business and Finance

Principal or Department Head

Rapid Printing & Office Supplies