

## BEDFORD COUNTY SCHOOL BOARD REIMBURSEMENT VOUCHER (Non-Travel)

Date \_\_\_\_\_ 20\_\_\_\_

Payee Name/Address:

Social Security # \_\_\_\_\_

| DATE | DESCRIPTION/PURPOSE | QTY. | UNIT COST | TOTAL COST |
|------|---------------------|------|-----------|------------|
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|      |                     |      |           |            |

TOTAL \$ \_\_\_\_\_

| FUND | FUNCTION | SUB FUNCTION | ACTIVITY | COST CENTER | OBJECT | COST |
|------|----------|--------------|----------|-------------|--------|------|
|      |          |              |          |             |        |      |
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|      |          |              |          |             |        |      |

\_\_\_\_\_  
Cost Center Director

\_\_\_\_\_  
Director of Business and Finance

\_\_\_\_\_  
Principal or Department Head