

TCUSD INVOICE

EMPLOYEE NAME: _____ DATE: _____

TO: Tuba City Unified School District No. 15
P.O. Box 67
Tuba City, AZ 86045

PURCHASE ORDER NUMBER: _____

ACCOUNT CODE NUMBER: _____

DATE	PURPOSE – DETAILED INFORMATION REQUIRED	AMOUNT

TOTAL AMOUNT DUE

I hereby understand that all receipts must be turned into the District Office the next business day after the even has taken place. Any unused cash must be returned. Any discrepancies between cash and detailed receipts will be questioned and a statement shall be written explaining the discrepancy. In case of shortage, I authorized TCUSD to deduct the amount short from my payroll the next processing of payroll if not reconciled with 3 days. Thank you for your business!

CHECK#: _____

SIGNATURE OF PAYEE