

The Foundation for Douglas County Schools PAY VOUCHER

Date	e:							
					Special Hand	dling Instructio	ns:	
	Employee ID) #						
	Vendor Offsite							
*Onsite/with students *Special agreements required for these vendors								
Parent and/or Student Reimbursement]					
Payee Name:								
Address:								
City, State, Zip:								
Chapter Name and Description			f Expenses:		Program	Fundraising	Administrative	
Acc	ount Code and	d Amount:						
	Spend Category	\$ Amount	Fund	Cost Center	Budget Source	Program	Initiative	
	610		77		60			
	Total \$					<u> </u>		
					Form is co	mplete with ap	propriate backu	p.
		rices listed abov oriated and nec						
					Signature of Preparer & Date			
	Pudaa+ U	older Approval	% Data	_		d Einanca Dans	ortmont Official	_
Budget Holder Approval & Date					Authorized Finance Department Official			

Submitting a Pay Voucher



Checklist for Submitting a Pay Voucher

Pay Voucher Form- Required In									
☐ Employee ID: ID# for DCSD employee (if an employee is being reimbursed) ☐ Special Handling Instructions: i.e. check held at the Foundation, sent to the school, mailed to a board member, etc.	□ Payee Name & Address= Name and address of payee (regardless of where the check is being sent) □ Chapter Name & Description: The name of your chapter and what the expenses are related to □ Signature of Preparer: Signature of Board Member who reviewed and approved the expense. *Board members cannot sign off on their own pay voucher.	 ☐ Account Code: Chapter account code Spend Category = 0610 *may change Fund = 77 Cost Center= Your schools 3 digit location code Budget Source= 60 Program= *3526 for most elementary chapters. Reach out to us if you are not sure of your program code. Initiative= most chapters do not have one, but please reach out to us if you unsure. 							
Additional Required Documentation for Reimbursements									
☐ A legible receipt from a retailer such as Target, Walmart, Hobby Lobby, etc; or ☐ A legible order Form ONLY IF it shows the method of payment and that the expense was incurred; or	☐ A legible invoice ONLY IF it shows the method of payment or a balance due of \$0. If it shows a balance due, then it looks like we should be paying the vendor; or ☐ A copy of the cleared check or a bank statement for the person who incurred the expense.	Other Considerations: Receipts should not have personal items on them. Receipts with personal items will NOT have tax reimbursed. Does the total reimbursement request match the total of the receipts? If not include an explanation on the form. Are you attaching more than four receipts? If so, include a summary sheet of the receipts.							
Additional Information for Vendor Payments									
☐ Invoice, order form, or contract attached from vendor. ☐ Has the Foundation paid this vendor before? If not please request a completed and SIGNED W9.	☐ Does the payee name match the W9/company name? The check will be issued to the name on the W9. ☐ Is this an item that the school should be purchasing? If so, you should be granting the money to the school, not buying it on their behalf.	☐ Are you paying a DCSD employee for services such as coaching, photography, etc? The school bookkeeper needs to pay the employee and the Foundation can transfer the money to the school.							
Timeline & Other Consideration		ollowe:							
 Pay vouchers submitted by Thursday close of business will be reimbursed as follows: The following Tuesday for parent/teacher reimbursements The following Thursday for vendor payments If there is a holiday the payment dates might adjust Keep original receipts. Teachers are reimbursed via direct deposit. Teacher names do not show up as payees on statement; Their names appear on the memo/description line. 									