Bismarck Public Schools
Payment Voucher

Invoice Number: _____

Invoice Date: _____

Description: _____

_____

Pay To: Vendor Name: _____

Address: _____

_____

Vendor Number: _____

P.O. Number: _____

Account(s) To Be Charged: Amount

___ . ___ . ___ . ___ . ___ . ___ . ___ _____

___ . ___ . ___ . ___ . ___ . ___ . ___ _____

___ . ___ . ___ . ___ . ___ . ___ . ___ _____

___ . ___ . ___ . ___ . ___ . ___ . ___ _____

Send Copy With Check? ❑ Yes (Include Copy) ❑ No

Authorized By: _____ Date: _____