

**CLAIM VOUCHER**  
Accounting Department  
Lincoln Public Schools

**LINCOLN PUBLIC SCHOOLS**

  
  

**PURCHASE ORDER NO.**

Date \_\_\_\_\_

**VENDOR PLEASE NOTE:**

- 1. Mail to: Lincoln Public Schools, Accounting Dept., P.O. Box 82889, Lincoln, NE 68501
- 2. Federal ID No. 47-6003955, State ID No. 5-0618144

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

EMPLOYEE I.D. # OR FEDERAL I.D. # \_\_\_\_\_ YOUR INVOICE NO. \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

**SIGN AND RETURN AT ONCE**

**TOTAL COST \$**

ORIGINAL FORM, RECEIPTS, ACCOUNT NUMBERS AND APPROPRIATE SIGNATURES ARE REQUIRED, IF APPLICABLE.

X \_\_\_\_\_  
(Claimant Signature)

I HEREBY CERTIFY THAT THIS CLAIM IS CORRECT AND IS UNPAID.

X \_\_\_\_\_  
(Administrator Signature)

Prices and Terms Correct:  
Audited and Passed for Payment

Auditor \_\_\_\_\_