LISBON EXEMPTED VILLAGE SCHOOL DISTRICT

REFUND~PETTY CASH~START-UP FUNDS FORM

Request Type:

- Refund ☐
- Petty Cash ☐
- Start-Up Funds ☐

Description: _____

Refund Amount: _____

Department: _____

Vendor Name: _____ Vendor Number: _____

Vendor Address: _____

_____

_____
Name (Please Print)

_____ _____
Requester's Signature Date

_____ _____
Building Principal's Signature Date

_____ _____
Superintendent's Signature Date

Fiscal Use Only:

Refund #: _____ Check #: _____ Appropriation Code: _____

08/30/2019/vlbp-revised