

BUCKS COUNTY TECHNICAL HIGH SCHOOL

ADVANCE EXPENSE VOUCHER REQUEST

NAME _____

ADDRESS _____

DATE(S), PLACE(S), PURPOSES(S) OF EXPENSE REQUEST _____

AMOUNT REQUESTED \$ _____

Employee Signature

Date

Supervisor's Signature

Date

Recommended _____ Yes _____ No

----- For Business Office Use Only -----

BUDGET CODE _____

AMOUNT ADVANCED \$ _____ Check Number _____

Business Administrator's Signature

Date

Recommended _____ Yes _____ No

Director's Signature

Date

Recommended _____ Yes _____ No Administrative