JOHNSON O’MALLEY

**VOUCHER REQUEST FORM**

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| Bill To: |  | | | | | Vendor/Pay to: | | |  | | | | | | |
| Contact: |  | | | | | Mailing Address: | | |  | | | | | | |
| Phone: |  | | | | | City/State/Zip: | | |  | | | | | | |
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| **Item # or**  **Student Name** | | | **Item or Service Description** | | | | | | | **Account Information**  **or Other Notes** | | | **Amount** | | |
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| **TOTAL** | | | | | | | | | | | $ |  | | | |
| By signing below I am acknowledging that the information on this voucher request form is correct and true. | | | | | | | | | | | | | | | |
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| JOM Voucher Preparer | | | | | Date | |  | JOM Chairperson/Authorizing Representative | | | | | | Date | |
| \*Supporting documents such as receipts, quotes, etc must be included with this voucher before it will be accepted for further processing.    \*Current IRS W-9 tax form must be completed and signed by vendor and included with this voucher before payment will be processed.    \*Mail or Fax Attention to: LL Education/JOM Coordinator 190 Sailstar Drive NW Cass Lake, MN 56633 FAX: 218-335-8339.    Or hand deliver it to the LL Education Office located in the Facility Center at 16126 John Moose Drive in Cass Lake, MN. | | | | | | | | | | | | | | | |
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| **\* \* \* \* \* EDUCATION/JOM OFFICE USE ONLY\* \* \* \* \*** | | | | | | | | | | | | | | | |
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ORIGINAL – Education/JOM Office COPY - School JOM Program