JOHNSON O’MALLEY

**VOUCHER REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Bill To: |  | Vendor/Pay to: |  |
| Contact: |  | Mailing Address: |  |
| Phone: |  | City/State/Zip: |  |
|  |  |  |  |
|  |
| **Item # or****Student Name** | **Item or Service Description** | **Account Information** **or Other Notes** | **Amount** |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
| **TOTAL** | $ |  |
| By signing below I am acknowledging that the information on this voucher request form is correct and true. |
|  |  |  |  |  |
| 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. |
|  |
| **\* \* \* \* \* EDUCATION/JOM OFFICE USE ONLY\* \* \* \* \*** |
|  |
|  |

ORIGINAL – Education/JOM Office COPY - School JOM Program