



CLOVIS SCHOOLS ACCOUNTS PAYABLE OFFICIAL VOUCHER



School Location: _____ Date: _____

PO# _____ Sport: Football Basketball Volleyball Other: _____

Boys Account # _____

Girls Account # _____

Official Name: _____

Address: _____ City, State, Zip _____

Team: _____ vs. _____

of games _____ \$ _____ =Total \$ _____

Sport Official

Athletic Director/Athletic Coordinator

Please complete all blanks



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