



**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*******
