

## Tornado Shelter Stipend Voucher

*Please complete, print and sign the Tornado Shelter Stipend Voucher.  
Submit to the appropriate Supervisor for signature & submission.*

Payee Name: \_\_\_\_\_

District Employee

Employee ID#: \_\_\_\_\_

Supervisor: For District Employees send form to **Payroll**

Non-District Employee

Vendor #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Supervisor: Non-District Employees send form to **Accounts Payable**

Tornado Shelter Site: \_\_\_\_\_  
Duty: \_\_\_\_\_

Date of

***\$60.00 per occurrence***

Amount Due: \_\_\_\_\_

\_\_\_\_\_  
*Payee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor of Safety & Security Signature*

\_\_\_\_\_  
*Date*

For Business Office Use Only: (A/P) 2000 2620 LEA 000 00 63900  
(P/R) 2000 2620 LEA 000 00 61120