

PAYMENT REQUEST

Date of Request _____

Routine: Check issued the 4th Tuesday of the month

Urgent/Variable: _____
Date needed

Funding Source _____
Code or description of dollars (i.e. staff dev., hot lunch, athletics, etc.)

Level _____
Refers to District, Elementary, Middle or High School

Check Payable To _____
Make sure this line and address are accurate

Address _____

Dollar Amount _____ Description _____
(registration, official, supplies, etc.)

Distribution:

_____ Return Check to requester _____ Mail to above address

_____ Other _____

Signature of requester

Forward to supervisor with appropriate documentation.

Signature of administrator

_____ Superintendent approval