

School District Payment Order

(CHECK REQUEST)

Make check payable to: _____ Amount: _____

Address: _____

Purpose for expense: _____

Date: _____ Requested by: _____

Principal's Approval: _____

Ex. Director of Business Approval: _____

Superintendent's Approval: _____
(If over \$300)

Account Number: _____

Vendor Code: _____

Batch/Board Meeting: _____

DOCUMENTATION MUST BE ATTACHED