

WESTERN SCHOOL DISTRICT

PAYMENT REQUEST

ALL PURCHASES MUST HAVE AVAILABLE FUNDS FOR PAYMENT

STAFF: _____

DATE: _____

VENDOR INFORMATION

VENDOR: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

ATTACH INVOICE WITH SIGNATURE THAT
ITEMS WERE RECEIVED AS BILLED. ALSO
HAVE SUPERVISOR APPROVAL BELOW.
ACCOUNT # AND PAYMENT METHOD
SHOULD ALSO BE FILLED OUT.

ORDER INFORMATION:

QTY	ITEM DESCRIPTION/PURPOSE	UNIT PRICE	TOTAL
SHIPPING COST			
GRAND TOTAL			

ASN/ACCOUNT #: _____

APPROVED _____ DENIED _____ INSUFFICIENT FUNDS _____

SUPERVISOR APPROVAL _____

DATE: _____

PAYMENT METHOD:

INTERNAL FUNDS TRANSFER: _____

PO #: _____

CHECK PAYABLE TO VENDOR: _____

EMPLOYEE REIMBURSEMENT: _____