

# PAYMENT REQUEST



Date: \_\_\_\_\_  
\_\_\_\_\_

Please issue a check payable to: \_\_\_\_\_  
Address: \_\_\_\_\_

Send check to building location: \_\_\_\_\_  
\_\_\_\_\_

In the amount of \_\_\_\_\_ for: \_\_\_\_\_  
\_\_\_\_\_

<b>Date of Invoice:</b>	<b><i>Invoice #</i></b>	<b><i>Account #</i></b>	<b><i>Amount</i></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

Building or Department Administrator

Business Manager

Superintendent

Accounting Supervisor

