

SCHOOL ADMINISTRATIVE UNIT 70

41 Lebanon Rd, Hanover, NH 03755 (603) 643-6050 Fax (603) 643-3073
 _____ School District

REQUEST FOR PAYMENT

VENDOR NAME: _____	Purchase Order # _____
VENDOR ADDRESS: _____	PAYMENT NUMBER: _____
_____	DATE: _____
_____	VENDOR NUMBER: _____

A - EXPENSE PAYMENT/REIMBURSEMENT

DATE	DESCRIPTION OF EXPENSE	ACCOUNT NUMBER	AMOUNT
TOTAL			\$0.00

B - TRAVEL REIMBURSEMENT

DATE	PURPOSE	FROM	TO	MILES	RATE	AMOUNT	Other	TOTAL
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
					0.585	0		
TOTALS						0.00	0.00	0.00

Account Distribution:

Account Number	Amount
	0.00
	0.00
	0.00
	0.00
This page total:	0.00
Total:	\$0.00

Requested By: _____
 Date: _____
 Principal: _____
 Date: _____
 Alternate Authorizer: _____
 Date: _____