



**REQUEST FOR PAYMENT**

VENDOR NAME: _____		PURCHASE ORDER #: _____
VENDOR ADDRESS: _____		PAYMENT NUMBER: _____
DISTRICT: _____		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
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		
					0.625	0		

**TOTALS**      0.00      0.00      0.00

Account Distribution:

Account Number	Amount
	0.00
	0.00
	0.00
	0.00

Requested By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Principal: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Alternate Authorizer: \_\_\_\_\_  
 Date: \_\_\_\_\_

**This page total:**      0.00  
 \_\_\_\_\_  
**Total:**      \$0.00