SAU 70
Dresden, Hanover, and Norwich School District
Business & Finance
41 Lebanon Street, Suite 2
Hanover, NH 03755

REQUEST FOR PAYMENT

PURCHASE ORDER # _____

VENDOR NAME: _____ PAYMENT NUMBER: _____

VENDOR ADDRESS: _____ DATE: _____

DISTRICT: _____ 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
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	0		
					0.655	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: _____