



REQUEST FOR PAYMENT

MEMORANDUM

Date: _____

To: Fiscal Services - Accounts Payable

From: _____ (Budget Administrator's Name) _____ (Title)

_____ (Site Name) _____ (Site Number)

RE: Request for Payment of _____

Attached please find the original invoice(s). This is for _____

(description of service / product and reason for memorandum payment request)

Please pay Invoice # _____ in the amount of \$ _____

Budget Code ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Make check payable to:

(Vendor Name (PEID))

(Vendor Remit to Address)

If you have any questions or concerns, please contact _____ (Name)

Office Manager at ext. _____ or by email at _____@mdusd.org

(Budget Administrator's Signature) _____ (Date)