

SAU 70

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

		REQU	JEST F	OR PAYN	/ENT			
		•					PURCHASE ORDER	#
VENDOR NAME:						PAYMENT NUMBER:		
VENDOR ADDRESS:						DATE:		
DISTRICT:							VENDOR NUMBE	R:
A - EXPENSE PAYMENT	/REIMBURSEMENT							
DATE	DATE DESCRIPTION OF EXPENSE				ACCOUNT NUMBER			AMOUNT
					<u> </u>		TOTAL	\$0.00
B - TRAVEL REIMBURSE DATE	MENT PURPOSE	FROM	TO	MILES	RATE	AMOUNT	Other	TOTAL
DAIL	FORFOSE	TROM	10	IVIILLS			Other	TOTAL
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
					0.670	0		
				TOTALS		0.00	0.0	0.00
Account Distribution:	Account Number	Amount						
	, toodane : tanno :		<u> </u>		equested By:			
		0.00	0.00					
		0.00	<u> </u>		Principal:			
		0.00						
	-				te Authorizer:			
	This page total:		0.00		Date:			
	Total:	\$	\$0.00					