



Westwood Independent School District
Request for Reimbursement/Payment Authorization

Vendor No. _____

PO Number _____

Vendor Name: _____

Invoice No. _____

Invoice Date: _____

Explanation of Expenditure:

<u>Budget Code</u>	<u>Amount</u>	<u>Invoice #</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	=====	

Check needed by: _____

Distribution: () Mail () Hold for Pick up

Reason for Check: _____

Special Instructions: _____

APPROVALS

Requestor: _____ Date _____

Approval - Business Manager/ Supt.: _____ Date _____

Payment Approval: _____ Date _____