



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

**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
<b>TOTAL</b>			\$0.00

**B - TRAVEL REIMBURSEMENT**

DATE	PURPOSE	FROM	TO	MILES	RATE	AMOUNT	Other	TOTAL
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
					0.70	0		
<b>TOTALS</b>						0.00	0.00	0.00

Account Distribution:

Account Number	Amount
	0.00
	0.00
<b>This page total:</b>	0.00
<b>Total:</b>	\$0.00

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