WHARTON INDEPENDENT SCHOOL DISTRICT
AUTHORIZATION FOR PAYMENT

Date of Request: _____ **Vendor #:** _____

Make Check Payable To:

_____ **Campus** _____

NAME

_____

ADDRESS

_____

CITY/STATE

_____

TAX ID # OR SOCIAL SECURITY # (FOR CONTRACTED SERVICES ONLY)

DESCRIPTION OF EXPENSE:

_____

_____

_____

_____

_____

_____

PAY $ _____

Signature of Applicant: _____

Signature of Principal / Supervisor: _____

This signature verifies that sufficient funds are available in the following code:

BUDGET CODE: _____

Authorized by: _____

(Superintendent/Assistant Superintendent of Finance)

Return Check to: _____ **Mail Check to:** _____

by date: _____ **by date:** _____