Ontario-Montclair School District

950 West D Street
Ontario, CA 91762

Invoice for Payment from Revolving Cash Fund

Date of request: _____ Check no.: _____

Requested by:	School/department:	Approved by:	Budget:

Quantity	Services or supplies as listed	Amount
	Total:	$ 0.00

Ship prepaid to: _____
(If shipping address is different from that listed above)
Please reference check number on outside of package.

Make check payable to:

Payee: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Revised : JS/lg 9/25/2026