PAYMENT REQUEST

DATE: _____ BUILDING: _____

ACCOUNT NUMBER: _____

MUST BE FULLY COMPLETED

Make check payable to: _____

Address: _____ PO Box/ Apt#: _____

City: _____ State: _____ Zip: _____

Phone #: _____

***You must attach a W9 for a Vendor (if not already an approved vendor)
or a W4 for a Person who has not been paid by the district before. ***

Comments: _____

_____

_____

Amount of check $: _____

Circle One:
Return to school Mail

Hold in Finance Office for Pickup

Date check is needed by: _____

Signature: _____

THIS FORM MUST BE USED FOR ALL REQUESTS. PHONE, EMAIL, AND IN PERSON REQUESTS WILL NOT BE PROCESSED

PLEASE ALLOW A MINIMUM OF TEN (10) BUSINESS DAYS TO PROCESS
Attach any and all invoices and/or receipts to this form

FOR BUSINESS OFFICE ONLY
Date Received: By: