

Direct Payment Request

Purpose of payment (attach original invoice or other documentation): _____

Please prepare a check for: _____

Check Instructions

Payable To: _____

Mail To Vendor

Address: _____

Call for Department Pick Up

Contact _____

Phone # _____

Vendor Number: _____

Department - Make sure funds are available to cover this payment: _____

Account Number	Amount
_____	_____
_____	_____
_____	_____
_____	_____
	Total <u>\$0.00</u>

Requested By: _____

Date _____

Manager Approval: _____

Date _____

District Approval: _____

Date _____