

Spring Hill School District

REQUEST FOR PAYMENT

(Use the form for all reimbursements other than travel.)

NAME: _____

DESCRIPTION OF ITEMS [ATTACH RECEIPTS]:

PO #	VENDOR	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL REQUESTED: _____

[FUND TO BE PAID FROM] _____

SIGNATURE: _____

DATE: _____

PRINCIPAL SIGNATURE: _____

DATE: _____

SUPERINTENDENT SIGNATURE: _____

DATE: _____