# NON-PUBLIC SCHOOLS
## PAYMENT REQUEST FORM

**Must be filled out completely and include **original** invoice, **original** receipts, or other documentation supporting this request

Issue Check To: _____

Mailing Address: _____

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Requested By: _____

School: _____

Date: _____

Purchase Order # _____
(If applicable)

| AMOUNT | DEPT | | CCODE | | S | | PROG | | OBJECT | | LV | | BLDG |
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_____
Submitters Signature Date

Description of Item/Service Purchased:

_____

_____

_____

AUTHORIZATION:

_____
Principal or Authorized Signature Date

_____
Business Administrator Date