

PAYMENT REQUEST

School/Dept./Div. _____

Location Code _____ Telephone _____

Requisitioner _____

Payment Request No _____ <small>Please Print</small> <i>This is your reference number</i> <i>Alpha-numeric 10 digit maximum</i>
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Pay to: _____ Pay to Address: _____ Vendor Number _____ (required) or secure Bid Request Application from the Procurement Web Page; have vendor complete and return to you for submitting with your Payment Request. If business is registered in Shelby Co. - Business License Number _____
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Fund	Function	Object	Department	Location	Project	Invoice Number or Description of Payment <small>Attach original invoice, registration form, subscription renewal form, contract, etc.</small>	Budgetary Total
\$ - Payment Total							

Justification: _____

A Superintendent	_____	Date	_____
P Director	_____	Date	_____
P Principal	_____	Date	_____
O Department Head	_____	Date	_____
V Manager	_____	Date	_____
E Other (Title)	_____	Date	_____

REIMBURSEMENT REQUEST

School/Dept./Div. _____

Location Code _____ Telephone _____

Check No. or Reimbursement No. _____ Please Print Reimbursement for school checks must be submitted separately. School Check Number must be used for If your reimbursement does not involve a school check, you may create your own reimbursement number using alpha-numeric 10 digit maximum.

Requisitioner

Pay to: _____ Pay to Address: _____ Vendor Number _____ (required) or secure Bid Request Application from the Procurement Web Page; have vendor complete and return to you for submitting with your Payment Request. If business is registered in Shelby Co. - Business License Number _____
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Fund	Function	Object	Department	Location	Project	Invoice Number or Description of Payment <i>Attach original invoice, registration form, subscription renewal form, contract, etc.</i>	Budgetary Total
\$ - Payment Total							

Justification: _____

A Superintendent _____ Date _____
P Director _____ Date _____
P Principal _____ Date _____
O Department Head _____ Date _____
V Manager _____ Date _____
E _____ Date _____
D Other (Title) _____ Date _____