

REQUEST FOR PAYMENT

TO: MACON COUNTY BOARD OF EDUCATION

FROM: _____
School's Name

Purchaser's Name

DATE: _____ AMOUNT: \$ _____

Please Check One: _____ Reimburse Company _____ Reimburse School

Please attach the invoice to be paid and provide the following information:

Name of Company: _____

Address: _____

City, State, and Zip: _____

If paying an individual, please provide Social Security Number: SS# _____

I certify that the service was performed or the materials were received.

Signature of Authorized Purchaser Date

Director of Schools Approval Date