

WOODVILLE INDEPENDENT SCHOOL DISTRICT

REQUEST FOR PAYMENT

Use this form WHEN REQUESTING A CHECK IN ADVANCE for travel, fees, clinicians, and other items not requiring a purchase order. BE SURE TO FILL IN ALL INFORMATION REQUESTED

Use this form WHEN REQUESTING A CHECK IN ADVANCE for travel, fees, clinicians, and other items not requiring a purchase order. BE SURE TO FILL IN ALL INFORMATION REQUESTED.

NOTE: Receipts for lodging (itemized) and fees must be forwarded to the central office immediately upon return from trip, to be attached to this form.

Make Check Payable To:

Date: _____

Name _____

Address _____

Social Security Number Required for ALL Contract Work: _____

Description, Location, and Dates:

Amount of Check:

Account Code:

Signature of Claimant / Requestor

Approved (Principal / Director)

Please complete by checking one of the following:

Mail check to above address

Return to Requestor

Central Office Approval

Return completed form to Business Office, WISD Central Office