

**\*\*\*CONVENIENCE ACCOUNT\*\*\***

**ALDEN-HEBRON S.D. #19  
REQUEST FOR PAYMENT**

Date \_\_\_\_\_ (If reimbursement, use your name in vendor field)

Name of Vendor \_\_\_\_\_

Address \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Invoice # \_\_\_\_\_ (circle one) Purchased Service / Materials & Supplies

**\*All checks will be sent to vendor unless requested to be returned to originator.\***

\_\_\_\_\_  
Convenience Account to be charged

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Purpose

\_\_\_\_\_  
Superintendent Signature

Return Check to \_\_\_\_\_

Mail Check to vendor

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