

UNION GROVE ELEMENTARY SCHOOL

REQUEST FOR PAYMENT

DATE: _____

PAYMENT TO: _____

MAILING ADDRESS: _____

AMOUNT: \$ _____

TYPE OF PAYMENT: Refund _____ Direct Payment _____

ACCOUNT NUMBER: _____

SCHOOL/DEPT: _____

PURPOSE / DESCRIPTION OF PAYMENT: _____

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INSTRUCTIONS:

RECEIPT(S) AND/OR BACKUP DOCUMENTATION MUST BE ATTACHED FOR ALL REQUEST FOR PAYMENTS. If this is a Direct Payment for services rendered, Vendor's W-9 form must be attached.

PREPARED BY:

ADMINISTRATION APPROVAL:
