Northwood School District



N14463 Highway 53 Minong, WI 54859 715-466-2297

PAYMENT REQUEST FORM

This form is used for requesting a [] check for payment or [] credit card check-out for purchase

Note: This form must be presented to check out a credit card for purchasing

Name:	Date:
Department:	Date Needed:
Vendor Name:	
Vendors Address:	
Vendor Contact:	
Amount Requested:	Account Number:
TOTAL AMOUNT:	<u> </u>
PLEASE ATTACH ORIGINAL INVOICE,	, RECEIPTS, QUOTES, AND OTHER SUPPORTING DOCUMENTS
Approved By (Supervise	or/Principal):
Signature (Supervise	or/Principal):
For use by Finance Departr	ment only
Name:	
Date Received:	

Vision: To prepare lifelong learners to be productive citizens in an ever-changing global society