MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

REQUEST FOR PAYMENT

MAKE CHECK PAYABLE TO:

NAME: _____   **DATE:** _____

ADDRESS: _____   **VENDOR #:** _____

CITY, STATE, ZIP _____   **PURCHASE ORDER #:** _____

	APPROVAL
Charge to: ☐	_____ _____
	(Department Chair/Sponsor) **(Date)**
Requested by: ☐	_____ _____
	(Principal/Asst. Principal) **(Date)**
Building: ☐	_____ _____
	(Business Office) **(Date)**
ACCOUNT NUMBER:	COMMENT:

Itemize expenditures and attach bids or other pertinent papers	Amount

For Office Use Only

Check Type _____   **Imprest Check #** _____   **Date** _____

FUND	TYPE	LOC	FUNC	OBJ	SJ	SRCFND	AMOUNT DESCRIPTION	AMOUNT