

SCHOOL ADMINISTRATIVE UNIT 70

41 Lebanon Rd, Hanover, NH 03755 (603) 643-6050 Fax (603) 643-3073

School District

REQUEST FOR PAYMENT

VENDOR NAME: _____

VENDOR ADDRESS: _____

Purchase Order # _____

PAYMENT NUMBER: _____

DATE: _____

VENDOR NUMBER: _____

A - EXPENSE PAYMENT/REIMBURSEMENT

DATE	DESCRIPTION OF EXPENSE	ACCOUNT NUMBER	AMOUNT
TOTAL			\$0.00

B - TRAVEL REIMBURSEMENT

DATE	PURPOSE	FROM	TO	MILES	RATE	AMOUNT	Other	TOTAL
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
					0.560	0		
TOTALS						0.00	0.00	0.00

Account Distribution:

Account Number	Amount
	0.00
	0.00
	0.00
	0.00

Requested By: _____

Date: _____

Principal: _____

Date: _____

Alternate Authorizer: _____

Date: _____

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Total: