

2019 - 2020
WEIMAR INDEPENDENT SCHOOL DISTRICT
PAYMENT AUTHORIZATION FORM

POSTING #: _____

Account Code: _____

Student Activity Account Name: _____

PAYEE NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

**ATTACH THE INVOICE AND/OR RECEIPT, AND ALL SUPPORTING DOCUMENTATION.
 "STATEMENT" OR "QUOTE" WILL NOT BE ACCEPTED.**

QUANTITY	DESCRIPTION	UNIT PRICE	SUBTOTAL

Total	
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REQUISITIONED BY : _____
 Employee _____ DATE _____

APPROVED BY: _____
 Campus Principal _____ DATE _____

APPROVED BY: _____
 Business Manager _____ DATE _____