

WEIMAR INDEPENDENT SCHOOL DISTRICT
PAYMENT AUTHORIZATION FORM

POSTING #: _____

Check one:

() Account code _____

() Student Activity - *Account Name* _____

PAYEE NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

SSN/TAXPAYER ID#: _____

ALL REQUESTS MUST BE ACCOMPANIED BY A VALID INVOICE OR SALES RECEIPT.
DOCUMENTS LABELED AS "STATEMENT" OR "QUOTE" WILL NOT BE ACCEPTED.

QUANTITY	DESCRIPTION	UNIT PRICE	SUBTOTAL

Total	
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REQUISITIONED BY : _____
 Employee

_____ DATE

APPROVED BY: _____
 Campus Administrator/Dept. Director

_____ DATE

APPROVED BY: _____
 Business Manager

_____ DATE