

**2018-2019**  
**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

<b>Total</b>	
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REQUISITIONED BY : \_\_\_\_\_  
 Employee \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
 Campus Principal \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
 Business Manager \_\_\_\_\_ DATE \_\_\_\_\_