2024 - 2025

WEIMAR INDEPENDENT SCHOOL DISTRICT

PAYMENT AUTHORIZATION FORM

		POSTING #:	
Account Cod	le:		
AYEE NAME:	•		
REET ADDI			
TY/STATE/			
ATTACH	I INVOICE, RECEIPT, AND/OR ALL SUP	PORTING DOCUMENT	ATION.
QUANTITY	DESCRIPTION	UNIT PRICE	SUBTOTAL
		Total	
Campus /Di	strict Improvement Plan Goal, Objective & Str	rategy that reference this	oznondituro
	# Objective #		
QUISITIONED I	BY:		
	Employee		DATE
PROVED BY:	Campus Principal		DATE
	Campus rinicipai		DAIE
PROVED BY:	Rusiness Manager		DATF