

Payment Authorization Form

Date _____

Preapproval is being requested for the reason indicated below. Please select an item (X).

- _____ to make a purchase for which reimbursement is expected
- _____ to obtain an advance check for which receipts will be remitted
- _____ to make a payment for school expenditures
- _____ to issue a refund (information listed below must be provided)
Original Receipt Number _____ Date _____

For payment to _____ For an amount not to exceed \$ _____
vendor/employee

Explanation _____

Account Name _____ Account # _____

Requester's Signature _____

PRINCIPAL'S PREAPPROVAL

Principal's Signature _____ Date _____

For Bookkeeper's Use Only

Check Number _____

Date Paid _____

Check Amount _____

Account # _____

PLEASE ATTACH RECEIPTS OR INVOICES TO THIS FORM.

THIS FORM MUST BE COMPLETED AND PREAPPROVED BY THE PRINCIPAL BEFORE A CHECK IS WRITTEN.