

Date of this Request



Fiscal Dept

Received the Week of (Mondays)

## PAYMENT AUTHORIZATION

Requested By

School Site/Program Name

Make Check Payable To

Vendor ID #

Tax ID #

Address

City

State

Zip

**\* Provide detailed reasons, date and location for expenditure(s). All expenses must be itemized \***

Date of Expense	Funding Source	Place of Transaction	Business Purpose/Reason	Receipt Amount
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$
9				\$
10				\$
<b>TOTAL AMOUNT REQUESTED =</b>				<b>\$</b>

**\* ATTACH ALL BACKUP DOCUMENT AND/OR RECEIPT \***

Supervisor Signature

Date

Executive Director Signature

Date

**FISCAL DEPARTMENT ONLY**

Account / Sub- Account Code	Amount	Batch Number	Reference Number	Check Number	Check Date
					/ /
					/ /
					/ /
					/ /
					/ /
					/ /

## INSTRUCTIONS

**Step 1: Employee**

1. Complete this form.
2. Number and tape smaller receipts to the bottom of this page. Multiple receipts may be number and taped to additional paper. Clearly indicate the amount on the receipt that is being requested for reimbursement by highlighting/circling the amount on each receipt.
3. If group activity or event, list participant name(s) on the right column below.
4. Submit all documents to supervisor for approval. (ex. Payment Request, Additional sheet of receipts/participant names, Invoices for contractuels, and any other backup documentation required for reimbursement)

**Step 2: Supervisor**

1. Supervisor reviews, approves, and forward to Executive Director for final approval

**Step 3: Executive Director**

1. Executive Director forwards to the Fiscal Department for payment

**Receipts submitted more than 60 days from the date of the expense will be considered non-reimbursable**

ATTACH RECEIPTS HERE	Participant Name
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.
	13.
	14.
	15.
	16.
	17.
	18.
	19.
	20.
<b>* Attach additional sheet if needed</b>	