
Date of this Request



Fiscal Dept

Received Date

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 | Purpose of Expense | Funding Source | Line Item | Amount |
|------------------------------------|--------------------|----------------|-----------|--------|
| 1 | | | | \$ |
| 2 | | | | \$ |
| 3 | | | | \$ |
| 4 | | | | \$ |
| 5 | | | | \$ |
| 6 | | | | \$ |
| 7 | | | | \$ |
| 8 | | | | \$ |
| 9 | | | | \$ |
| 10 | | | | \$ |
| TOTAL AMOUNT REQUESTED = \$ | | | | |

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

Requestor Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Executive Director Signature: _____

Date: _____

FISCAL DEPARTMENT ONLY

| Account / Sub- Account Code | Amount | Batch # | Reference # | Check # | 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 contractuals, 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

| | Participant Name |
|---------------------------------------|--|
| <h1>ATTACH RECEIPTS HERE</h1> | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |
| | 6. |
| | 7. |
| | 8. |
| | 9. |
| | 10. |
| | 11. |
| | 12. |
| | 13. |
| | 14. |
| | 15. |
| | 16. |
| | 17. |
| | 18. |
| | 19. |
| | 20. |
| | * Attach additional sheet if needed |