

_____ Direct Pay (*check*) or
Purchase Order # _____

Sweetwater Union High School District Request for Payment Form

Vendor Name

Social Security #

Policy 9515

Policy 9514

Site or Department

Check One:

Board Approval Date

Date

Postage

Reimbursement

Other

Approver (Manager) – Print Name

For Accounting Use Only:

Approver (Manager) – Signature

Amount

Additional Approval

Pseudo: _____ or full account number below (*required for direct pay*)

Fund	Resource	PY	Goal	Function	Object	School	Cost Ctr.

Use this area to type description or attach receipts or copy of check below, if applicable