Wattsburg Area School District

July 1, 2021 – June 30, 2022

Vendor Request for Payment

Supplier _____

Name _____

_____

Date _____

Building _____

Grade	
Subject	

Program/Grant	
Category	
Objective No.	

Date of Service	Service/Item Purchased	Description (Program/Grant/Account)	Total Cost

Total $ 0.00

ATTACH ALL ORIGINAL RECIPTS, maintain a copy for your records.
Original itemized Invoice Only
No statements, copies or faxes.

MUST BE RECEIVED BY THE 2ND MONDAY OF EACH MONTH

_____ _____
Receiver's Signature Date

_____ _____
Approved by Principal/
Program Coordinator Date