

# Wattsburg Area School District

July 1, 2022 – June 30, 2023

## 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** \_\_\_\_\_

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

**MUST BE RECEIVED BY THE 2<sup>ND</sup> MONDAY OF EACH MONTH**

\_\_\_\_\_

Receiver's Signature

Date

\_\_\_\_\_

Approved by Principal/  
Program Coordinator

Date