

Wattsburg Area School District

July 1, 2019 – June 30, 2020

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 2ND MONDAY OF EACH MONTH

Receiver's Signature	Date
Approved by Principal/ Program Coordinator	Date