

# Independent School District 194

## Accounts Payable

### Request for Payment/Check

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**Deadline: 12:00 Noon on Monday or Wednesday.** Any requests received after the deadline will be processed on the next run and will be mailed or returned via interoffice mail the following day. Submit originals only! No faxes, copies, etc will be accepted. **\*Mandatory Fields!**

Vendor #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\*Vendor Name: \_\_\_\_\_

\*Date Needed: \_\_\_\_\_

\*Vendor Mailing Address:

\*Check Total: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Mail Check:	Yes	No
_____		
*Return Check:	Yes	No
_____		
Name:	_____	
School:	_____	

\*Account Code: \_\_\_\_\_

\*Amount: \_\_\_\_\_

Account Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Account Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Account Code: \_\_\_\_\_

Amount: \_\_\_\_\_

*Originals must include any corresponding back-up (such as: deposit reports, membership invoices, or workshop/conference registrations, etc).*

\*Date of Event: \_\_\_\_\_

\*Reason for request for payment/check (Be descriptive as possible):

\_\_\_\_\_  
\_\_\_\_\_

\*Requested by: \_\_\_\_\_

\*Approved by: \_\_\_\_\_

**Send all requests for payment/check to: Accounts Payable, District Office**