

SPRINGLAKE-EARTH ISD PAYMENT REQUEST

** PLEASE COMPLETE THIS FORM, ATTACH ALL RECEIPTS, SIGN, AND DATE THIS FORM. PLEASE ALSO GET APPROVAL SIGNATURE BEFORE SUBMITTING IT TO THE OFFICE FOR PAYMENT. PLEASE RETURN WITHIN 30 DAYS OF PURCHASE.*

Employee Name: _____ Date: _____

CHECK REIMBURSEMENT CHECK

Pay to the order of:

Amount:

Date Check Needed:

Type of Expense:

Will pick-up

Mail check to Vendor/Payee

Sponsor to Deliver Check

CREDIT CARD/STORE CHARGE

Visa American Express
Other

Purchase Made At:

Name on card:

Date of Purchase:

Amount:

Type of Expense:

Employee
Signature: _____

**PLEASE TAKE TO SUPERVISOR FOR
SIGNATURE BEFORE TURNING IN!**

FOR SUPERVISOR USE ONLY

BUDGET ACTIVITY

Account:

Approval

Signature: _____

FOR OFFICE USE ONLY

Check #: _____ Date Check Mailed: _____

Vendor #: _____ Invoice Date: _____

Invoice #: _____

Account: _____

Processed By: _____