



SCHOOL DISTRICT NO. 48

REQUISITION FOR PAYMENT

Pay To: _____ Requested by: _____
 _____ (name)

In the Total Amount of \$ _____

Reason: _____

Budget to be Charged: _____

Prepared by: _____ Date: _____

Budget Authorization: _____ Date: _____

Secretary Treasurer: _____ Date: _____

Invoice date:	ACCOUNT NUMBER:	HST	TOTAL	INITIALS:
Invoice No:				Ext. checked:
Vendor No:				Okay to input: