

Elkin High School



REQUEST FOR PAYMENT

DATE: _____

Amount Due: \$ _____

Amount due before Tax: \$ _____

Tax: \$ _____

Vendor # _____

Invoice #: _____

Invoice Date _____

Date Due: _____

PO#: _____

Please issue check to:

Explanation of expenditure:

Please mail check to address shown on invoice (Check One)

YES

NO

Please return the check to me when completed (Check One)

YES

NO

Account # _____

Requested by: _____

Account # _____

Check # _____

Approved by: _____