

SURRY COUNTY SCHOOLS
REQUEST FOR PAYMENT

ALL INVOICES FOR WHICH THERE IS NO PURCHASE ORDER MUST BE ATTACHED TO THIS FORM ALONG WITH A CALCULATOR TAPE IF THERE IS MORE THAN ONE INVOICE TO THE SAME COMPANY. PROPER APPROVAL MUST BE OBTAINED FOR ALL EXPENDITURES.

Description of Items Purchased:

Program Area in Which Items Will Be Used:

**This instrument has been pre-audited
in the manner required by the School
Budget and Fiscal Control Act.....**

Date Donna G. Bryant
School Finance Officer

Mdse. Rec'd and Invoice Approved

Signature

DATE_____

INVOICE NO._____

BUDGET CODE_____

AMOUNT_____

VENDOR NAME_____

VENDOR NO._____