



North Schuylkill School District

REQUEST FOR PAYMENT FORM

DATE: _____

REQUEST PAYMENT TO: _____

REASON: _____

Amount: _____ Requested by: _____

Program #: _____

Account Code: _____

NSES NS JR/SR HS

Approvals/Date

Business Office Use Only	
Vendor #:	_____
Check #:	_____
Check Date:	_____

Dept. Head: _____

Principal: _____

Business Manager: _____

Superintendent: _____

ATTACH ORIGINAL INVOICE TO THIS DOCUMENT