

22-23

EVANGELINE PARISH SCHOOL BOARD
REQUEST FOR PAYMENT

DATE

PAYEE NAME

ADDRESS

EE NUMBER

VENDOR NUMBER

DESCRIPTION	AMOUNT

TOTAL AMOUNT

PAYEE'S SIGNATURE

DATE

SUPERVISOR OR DIRECTOR

DATE

SUPERINTENDENT OR DESIGNEE

DATE

CHARGE CODE

NOTE: THIS FORM IS TO BE USED FOR ALL PAYABLES REQUEST EXCEPT TRAVEL.