

**Direct Payment Request**

**Purpose of payment (attach original invoice or other documentation):**

**Please prepare a check for:**

Check Instructions

Payable To:

☒ Mail To Vendor

Address:

☐ Call for Department Pick Up

Contact

Phone #

Vendor Number:

**Department - Make sure funds are available to cover this payment:**

Account Number

Amount

Total

\$0.00

Completed By & Ext:

Date

Manager Approval:

Date

District Approval:

Date