

SOUTH WINDSOR PUBLIC SCHOOLS  
 1737 Main Street  
 South Windsor, Connecticut 06074-1093

## REQUEST FOR PAYMENT

**\*\* DO NOT USE FOR REIMBURSEMENT \*\***

Request Date: \_\_\_\_\_

|              |      |
|--------------|------|
| Vendor Name: |      |
| Vendor #     |      |
| Address:     |      |
| City:        |      |
| State:       | Zip: |
| Telephone:   | Fax: |

Purpose (please check one):  
 Vendor Invoice (attached) \_\_\_\_\_

|                     |
|---------------------|
| Reason for Payment: |
|                     |
|                     |
|                     |

Mail check to vendor \_\_\_\_\_  
 Send check to requestor \_\_\_\_\_

|  | Amount | Org | Object |
|--|--------|-----|--------|
|  |        |     |        |
|  |        |     |        |
|  |        |     |        |
|  |        |     |        |

|                           |                      |
|---------------------------|----------------------|
| Name of Approver(Printed) | Approval Signature** |
|                           |                      |

**\*\*Your original signature certifies that the goods were received and/or that the services were rendered.**

**REIMBURSEMENTS TO EMPLOYEES REQUIRE ORIGINAL BUDGET OWNER SIGNATURE.  
 BUDGET OWNERS REIMBURSEMENTS REQUIRE SUPERVISOR APPROVAL.**