

2023 - 2024
WEIMAR INDEPENDENT SCHOOL DISTRICT
PAYMENT AUTHORIZATION FORM

POSTING #: _____

Account Code: _____

PAYEE NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____

ATTACH INVOICE, RECEIPT, AND/OR ALL SUPPORTING DOCUMENTATION.

QUANTITY	DESCRIPTION	UNIT PRICE	SUBTOTAL

Total	
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Campus/District Improvement Plan Goal, Objective & Strategy that reference this expenditure:
 Goal # _____ Objective # _____ Strategy # _____

REQUISITIONED BY : _____ DATE _____
 Employee

APPROVED BY: _____ DATE _____
 Campus Principal

APPROVED BY: _____ DATE _____
 Business Manager