

2025-2026
WEIMAR INDEPENDENT SCHOOL DISTRICT
PAYMENT AUTHORIZATION FORM

POSTING #: _____

PAYEE NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

	DESCRIPTION		

Total	
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REQUISITIONED BY : _____

Employee _____ DATE _____

APPROVED BY: _____

Campus Principal _____ DATE _____

APPROVED BY: _____

Business Manager _____ DATE _____