2025-2026

WEIMAR INDEPENDENT SCHOOL DISTRICT

PAYMENT AUTHORIZATION FORM

POSTING #: _____

ACCOUNT #: _____

_____

PAYEE NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

_____

_____

	DESCRIPTION		

Total	

REQUISITIONED BY : _____ _____

Employee DATE

APPROVED BY: _____ _____

Campus Principal DATE

APPROVED BY: _____ _____

Business Manager DATE