

Kilgore Independent School District
Request for Payment

This request should be completed in order to expend District funds that have to be paid in advance or must be submitted along with other documents. (I.e. registrations) **REMINDER:** This form needs to reach the business office a week prior to a check being written. If you cannot obtain a vendor number that is currently on file in our system, contact the Purchasing Department prior to submitting this form.

DATE: / / _____

VENDOR NUMBER (Required): _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

EXPENSE DESCRIPTION:	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

Requestor

Principal/Director

Budget Code(s) – REQUIRED

Deputy/Assistant Superintendent

Assistant Superintendent of Finance