PLEASANTON SCHOOLS
303 W CHURCH ST, PO BOX 190
PLEASANTON NE 68866

Staff Name _____
Date Submitted _____
Date Needed _____

PAYMENT REQUEST

1. **Complete** the Detail box first, Payment Info second, and Check Options box to finish.
2. **Attach** a receipt, invoice, or billing information to the back of this form for audit purposes. MUST BE DONE.
3. **Submit**

Detail

Vendor Information

Name _____ Mailing Address _____ City/State _____ Zip _____

Phone _____ Fax _____ Email or Contact _____

Description	Organization	Grade	Total Cost	Office Use COA Number
		TOTAL	$	

Payment Info

(Check One)
- ☐ Reimburse me (tax not reimbursed)
- ☐ Pay vendor — Check # _____ Date _____
- ☐ School credit card (circle one) Visa Other — Cardholder Name _____

Check Options

(Check One)
- ☐ Return check to me
- ☐ Mail check to vendor
- ☐ Need in cash (if specific denominations are needed, attach sheet or record above)

Paperwork

- ☐ Invoice/receipt attached
- ☐ Vendor will bill/invoice

Office Use

Approved By _____ Date _____