

NEBO SCHOOL DISTRICT PAYMENT REQUEST

		Vendor names:	See below
etailed description of purp	ose of the expenditure(s) to justify the	e use of public funds:	
endors, accounts to be cha	arged, and amounts to be paid:		
lio vendor number	Vendor name	Account to be charged (Fund-Loc-FY-Prog-Func-Obj)	Amount
			\$ -
			-
			-
			_
		-	-
			-
			-
			-
			-
			-
			-
			-
•		Total	\$ -
oprover certification:			
ve been strictly adhered to for e	expenditures related to this payment request a related to this payment request a related, the individual or organization shown all	cy. I certify that to the best of my knowledge, Nebo Scho and all applicable supporting documentation has been a bove is rightfully entitled to the requested funds and has	ttached. I further
reparer Signature		Director Signature	
Principal or Budget Manager Signature		Business Administrator Signature	

Superintendent Signature

Date prepared: