



NEBO SCHOOL DISTRICT

PAYMENT REQUEST

Date prepared: _____

Vendor Number: _____

Payee Name: _____

Street Address: _____

City, State, and Zip Code: _____

Detailed description of purpose of the expenditure(s) to justify the use of public funds:

☐ I will attend and participate in CTE Collaboration

☐ I will attend and participate in 4th Monday CTE department/subgroup collaboration

☐ I have a 3 year program plan in place and updated for current year

☐ I teach at least one approved CTE course

☐ I am involved in a region, district, school or program area advisory committee

☐ I will attend UACTE mid-winter conference and a summer conference

ACTE State Dues \$35.00

ACTE Membership National Dues \$80.00

Account(s) to be charged and amount(s) to be paid:

Fund	Location	Year	Program	Function	Object	Amount
10	830	24	6911	2200	810	\$ 115.00
Total						\$ 115.00

Approver certification:

I have reviewed this payment request and assume responsibility for its accuracy. I certify that to the best of my knowledge, Nebo School District policies have been strictly adhered to for expenditures related to this payment request and all applicable supporting documentation has been attached. I further certify that to the best of my knowledge, the individual or organization shown above is rightfully entitled to the requested funds and has performed all duties required to receive the requested funds.

Preparer Signature _____

Director Signature _____

CTE Budget Manager Signature _____

Business Administrator Signature _____

Superintendent Signature _____