



# 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
- 50% of my teaching contract is in CTE approved courses
- 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	22	6911	2200	810	\$ 115.00
<b>Total</b>						<b>\$ - -</b>

**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

\_\_\_\_\_  
Principal or Budget Manager Signature

\_\_\_\_\_  
Business Administrator Signature

\_\_\_\_\_  
Superintendent Signature