



NEBO SCHOOL DISTRICT

PAYMENT REQUEST

Date prepared: _____

Alio Employee #: _____

Payee Name: _____

Street Address: _____

City, State, and Zip Code: _____

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

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

Fund	Location	Year	Program	Function	Object	Amount
10		21		1000	199	\$ -
						-
						-
						-
Total						\$ -

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