Independent School District No. 625
360 Colborne Street, St. Paul, Minnesota 55102

Date Payment Needed:

RFP#

Request For Payment

Remit to Name and Address:		Special Payment Instructions:
		Authorization for Payment Contract No. _____ Board File No. _____

Invoice Date	Invoice Number	Amount	(2) Fund	(3) Org	(3) Program	(3) Finance	(4) Object	(4) Course	Tax #	Reference

Total Pay Amount 0.00

Remarks/Description

School	Department/ Program	Date

I hereby certify that goods/services have been received, in satisfactory order, inspected, and checked as to quality and quantity as specified. (Attach original invoice/documentation.)

Date Received

Signature _____

Requested By _____

Budget Administrator _____

Other Approval _____

FINAL AUDIT APPROVAL