

RUNGE INDEPENDENT SCHOOL DISTRICT

MEALS: PAYMENT REIMBURSEMENT / PURCHASE ORDER

AMOUNT: _____

INVOICE NUMBER: _____

VENDOR/PAYEE INFORMATION:

REASON FOR PO/PAYMENT:

DATE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

SIGNATURES REQUIRED:

ORIGINATOR:

SUPERVISOR:

SUPERINTENDENT:

IF REIMBURSEMENT OR PAYMENT REQUEST IS FOR MEALS PLEASE COMPLETE THIS SECTION

STUDENT NAME:	MEAL:	STUDENT NAME:	MEAL:
EMPLOYEE NAME:	MEAL:	EMPLOYEE NAME:	MEAL:

CENTRAL OFFICE ONLY:

PAYMENT VOUCHER

VENDOR #:	VENDOR NAME:	DATE:
INVOICE #:	BUDGET CODING:	AMOUNT:
TOTAL AMOUNT:		

REMARKS:

APPROVED BY: _____