

Request for Payment from the  
**NATCHITOCHE PARISH SCHOOL BOARD**  
(EMPLOYEES AND SCHOOLS)

**PAY TO THE  
ORDER OF:**

**DATE SUBMITTED:**

*PLEASE PRINT*

**MAILING  
ADDRESS:**

**EMPLOYEE  
NUMBER**

**CITY:**

**STATE:**

**ZIP:**

**Did the school write a check for this? Check One:    YES    NO**

*If yes a copy of the cancelled check must be attached.*

**Do you plan to reimburse your school budget for this expense? Check One:    YES    NO**

**The following itemized bill is presented for payment:**

**TOTAL AMOUNT DUE:**

**PAYEE'S SIGNATURE:**

**NAME OF SCHOOL:**

**TO BE REIMBURSED BY FUND :**

**ACCOUNT CODE:**

**PLEASE NOTE:**

1. If you collect money for this activity you must reimburse your school budget.
2. Request will be returned if all documentation is not attached (copy of cancelled check , sales slip, etc.).

I hereby certify that the work or material for which this bill is presented has been checked and verified and is correct.

**APPROVED BY :**

*Principal, Supervisor, etc.*

*Date*

**TITLE:**