



District School Board of Pasco County
Request for Payment

MIS # 216
Rev. 09/2018

TO: **Accounts Payable Dept.**

DATE: _____

FROM: _____

Please pay the attached invoice(s).

VENDOR NAME & NUMBER: _____

PAYMENT
ADDRESS: _____

Munis Coding:

Fund	Cost Ctr	Level	Project	Object	Function	Group	Amount:

- ATTACH A WRITTEN EXPLANATION STATING:**
***WHY THERE IS NO PO OR CONTRACT.**
***REASON P-CARD CAN'T BE USED.**
***SIGNED BY THE COST CENTER ADMINISTRATOR.**

Approval: _____
Administrator Name and Title