

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION

3350 Education Drive, San Luis Obispo, CA 93405

Vendor Number

Payment Request Form

Submit no more than 30 days after the end of the month in which the expense occurred.

Please attach original itemized receipts, invoices or registration forms.

Maximum for Personal Payment Request: \$100

Check here for Petty Cash Payment (\$20 or less)

Date

Name

School District/Site/Department

Mailing Address

City

State

Zip Code

E-mail

Phone Number

Ext.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total

Fiscal Use Only

_____ Budget Code: _____

Amount: _____

_____ Budget Code _____

Amount: _____

_____ Budget Code _____

Amount: _____

99-9999-9-9999-9999-9999-9999-9999-9999
Fund-Resource-Year-Goal-Func-Object-School-Mgmt-Unit

Certificate of Claimant

I hereby certify that the above is a true statement of expenses incurred by me while on official business for the San Luis Obispo County Superintendent of Schools.

Approved and Ordered Paid

Signature

Date

Signature

Date

Sign here for receipt of cash when asked: _____