

**MACON COUNTY BOARD OF EDUCATION
 LOCAL SCHOOL ACCOUNTING
 ACCOUNTS PAYABLE
 REQUEST FOR PAYMENT**

School: _____ Invoice # _____

Vendor # _____

Vendor's Name _____ Invoice Date _____

Mailing Address _____ Amount \$ _____

 City State Zip Code

Purpose: _____

Prepared by: _____ Approved by: _____

Accounting Distribution

Activity #	Fund	C	Func	Obj	CCtr	SFund	Y	Prog	User	Amount
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
Total Payment										\$ _____

SEQ: _____ BATCH# _____ DATE PAID: _____ CHECK # _____