

MARYSVILLE PUBLIC SCHOOLS
INTERNAL ACCOUNT ORDER TO PAY

Date: _____ Amount: \$ _____

Name of Fund: _____

Check Payable to: _____

Address: _____

Purpose: _____

Special Instructions: _____

Date paid: _____
Check #: _____

Invoice Number

Signature of Advisor or Sponsor

Purchase Order Number

Signature of Principal

**RECEIPTS OR INVOICES MUST
ACCOMPANY ALL REQUESTS
FOR PAYMENT**

Signature of AD (for team related purchases)