

GENERAL OPERATING PAYMENT AUTHORIZATION

Loraine Independent School District

SUBMIT TO BUSINESS OFFICE FOR PAYMENT:

debbief@loraine.esc14.net

REQUESTOR/TEACHER:

SUBJECT/PROGRAM:

Vendor Number

VENDOR NAME:

Date:

ADDRESS:

Phone:

Please attach all detailed receipts and supporting documentation

(LUSD USE ONLY)

Fund	FX	OBJ	SO	Org	FY	PI	Amount	Description

Total Request \$ -

Special Instructions:

Superintendent / Principal

Business Manager