

INDEPENDENT SCHOOL DISTRICT NO. 1
3317 12th Street, Lewiston ID 83501

SPECIAL PAYMENT REQUEST

Date _____ Code _____

Vendor _____

Address _____

City _____ State _____ Zip _____

Amount \$ _____

Reason for payment request:

SIGNATURES:

Requested by: _____

Approved by: _____

Director of Business Services: _____