



**NEBO SCHOOL DISTRICT
PAYMENT REQUEST**

Date prepared: _____

Employee names: See below

Detailed description of purpose of the expenditure(s) to justify the use of public funds:

Employees, accounts to be charged, and amounts to be paid:

Alio employee number	Employee name	Date(s) of Deposits	Account to be charged (Fund-Loc-FY-Prog-Func-Obj)	Amount
				\$
Total				\$

Approver certification:

I have reviewed this payment request and assume responsibility for its accuracy. I certify that to the best of my knowledge, Nebo School District policies have been strictly adhered to for expenditures related to this payment request and all applicable supporting documentation has been attached. I further certify that to the best of my knowledge, the individual or organization shown above is rightfully entitled to the requested funds and has performed all duties required to receive the requested funds.

Preparer Signature

Director Signature

Principal or Budget Manager Signature

Business Administrator Signature

Superintendent Signature