PAYMENT/REFUND REQUEST

WEST ISLIP SCHOOL DISTRICT

100 Sherman Avenue, West Islip, NY 11795
Phone 631-930-1530

TO BE USED FOR PAYMENT REQUESTS NOT ASSOCIATED WITH A PURCHASE ORDER
(Payments from Trust and Agency and refunds)

	VENDOR INFORMATION
VENDOR NAME: (individual seeking refund or vendor being paid)	
STREET ADDRESS:	
CITY, ST ZIP CODE:	
VENDOR NUMBER:	

PAYMENT/REFUNDS (circle accordingly)					
Program	Field Trip	Library Book	Textbook	Tuition	Other

PAYMENT DUE DATE	REASON FOR PAYMENT	TOTAL

Payment Requestor *Date*

Building Principal/Director *Date*

Assistant Superintendent *Date*

1. Requests for a payment or refund must be accompanied by proof of deposit. Acceptable forms of proof include: copy of check, cash receipt or account transaction report from Finance Manager.
2. Payment requests for field trips must also be accompanied by an original invoice.
3. New Vendor Request Form must be attached for new vendors.
4. Forward completed form to Accounts Payable.

Business Office Use Only	
Budget Code Credited	
Budget Code to Debit	