

IDA PUBLIC SCHOOLS
REQUEST FOR PAYMENT FROM INTERNAL FUNDS

DATE: _____

AMOUNT TO BE PAID _____

MAKE CHECK PAYABLE TO: _____

ADDRESS (if to be mailed): _____

WITHDRAWAL ACCOUNT: _____

PURPOSE: _____

Treasurer

Advisor/Coach

Principal/Athletic Director

Business Office

****ORIGINAL INVOICES *OR* PAID RECEIPTS *MUST* BE ATTACHED TO DOCUMENT ALL EXPENDITURES.****