



RUNGE INDEPENDENT SCHOOL DISTRICT

600 REIFFERT ~ PO BOX 158

RUNGE, TX 78151

PHONE: (830) 239-4315

FAX: (830) 239-4816

CHECK REQUEST/ PAYMENT FOR PAYMENT/ REIMBURSEMENT

DATE SUBMITTED: _____

DATE REQUIRED: _____

SUBMITTED & REQUESTED BY: _____

VENDOR INFORMATION:

VENDOR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

DESCRIPTION:

QUANTITY:

UNIT PRICE:

TOTAL:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

ORDER TOTAL:

\$0.00

EMPLOYEE SIGNATURE _____

DATE _____

PRINCIPAL/SUPERVIORS SIGNATURE _____

DATE _____

RISD SUPERINTENDENTS SIGNATURE _____

DATE _____

Please attach all invoices and/or receipts.

NOTES: