Please Pay Form

St. Mary's County Public Schools
23160 Moakley Street
Suite 107
Leonardtown, Maryland 20650
301-475-5511
Fax: 301-475-4228 *Fiscal Services*

Date:

School or Department:

Check Payable To:

Address:

Vendor Number:

Invoice or Receipt #	Inv/Rec Date	Description	AMOUNT
		TOTAL AMOUNT	0.00

Distribution of Expense

Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
Total Amount of Distribution:	$ 0.00 -

Funding Allotment/BTE/Action Plan:

Principal/Department Head Signature:

Supervisor's Signature:

REQUEST IS: ☐ APPROVED ☐ NOT APPROVED AUTHORIZED SIGNATURE:

☐ **Do not mail, send check to :**

☐ **Include a copy of invoice or documentation with check.**