

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM
SCHOOL ACTIVITY ACCOUNT

Attach supporting documents

INTERNAL DIRECT PAYMENT REQUEST

(For Internal School Use Only)

From _____ **Date** _____

Description: This check is for:
 Payment to employee for _____
 Payment to payee for _____
 Payment to vendor for attached invoice. The goods or services were received and the amount is correct.
 Other _____

Account to be Charged	Reference	Amount
TOTAL		

Payee Name and Address:

APPROVALS

Check to be:
 Mailed to the individual
 Picked up
 Given to originator

Signature of originator

Approved by _____ Principal Date _____