GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

PAYMENT REQUEST

☐ Partial Payment   ☐ Final Payment

Vendor:_____ PO #_____ Card #_____
                                                      (last 4 digits of card used)

** Funds <u>must</u> be released in TEAMS prior to submitting this form to Accounts Payable **

Invoice Number	Description	Amount
	Total	

Campus:_____ Budget:_____

_____   _____
Principal / Director Approval   Date