

Pay to: _____
 Pay to Address: _____
 Vendor Number _____ (required) or secure Bid Request Application from the
 Procurement Web Page; have vendor complete and return to you for submitting with your Payment
 Request. If business is registered in Shelby Co. - Business License Number _____

[illegible]

Justification: Parking expenses that occurred during DLD Training for teachers due
to parking garage full to capacity at the Cook Convention Center.

A P P R O V E D	Superintendent	_____	Date	_____
	Director	_____	Date	_____
	Principal	_____	Date	_____
	Department Head	_____	Date	_____
	Manager	_____	Date	_____
	Other (Title)	_____	Date	_____

Maintain copy of this form for your records. For questions call Accounts Payable @ 416-5407.