## MILLARD PUBLIC SCHOO LS

## Request for Accounts Payable Check Group Meal or Workshop/Conference Sustenance

This check should be made	payable to:				
Vendor:		Tax	Tax I.D.#		
Street:		·			
City:		State:	Zip Code:		
Amount:	Charge Account #:				
	_ Charge Account #:aaa			aaa	
Vqvcrk'''''aaaaaaaaaaaaaaaaaa	1				
Purpose of Meeting					
Or Workshop Title					
Date of Event					
MPS Site					
A ( ) +					
Attach all relevant documen	tation (receipts/agenda, etc.)				
Signature of Requester			Date:		
Approval Signature:			Date:		

<sup>\*</sup>Attendees are to be listed individually unless an appropriate group title would clearly define those in attendance. Meals may not be provided for spouses. In instances where the total charge includes meals not eligible as a District expense, a personal check should be attached for the appropriate amount.