

SUPERINTENDENT
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Española Public Schools
Striving for Excellence

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REQUEST FOR PAYMENT

PAYEE: _____

ADDRESS: _____

Description of Services Rendered or Reason for Request for Reimbursement:

Amount _____

I certify the above request for payment is correct and just and that payment has not been received.

Payee Signature: _____ Date: _____

Approved: _____ Date: _____