

**SCHOOL DISTRICT OF JEFFERSON  
DIRECT PAYMENT REQUEST**

*(Available on the School District Website under Staff, Forms and Documents)*

Date of Request \_\_\_\_\_ Requester/School: \_\_\_\_\_

Name to be on Check: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Reason for Check (Please be complete and include dates, activity, description):

\_\_\_\_\_

\_\_\_\_\_

For Expense Reimbursement:

Food Amt.	Lodging Amt.	Other	Miles	Rate	Miles Reimb.

**Account Number Summary**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

**Total Check Request** \_\_\_\_\_

**AUTHORIZATION/APPROVAL**

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Expense Reimb.:** *Attach all receipts  
(Reimbursement cannot be made without receipts)*

**Timeline:** *Direct Pay Requests are processed within 3 days after payroll. Requests for Direct Pays must be to the District Office by the payroll date for prompt payment.*