

## Accounts Payable Division

### REQUEST FOR CREDIT TO FUNDS AVAILABLE

School/Office Name: \_\_\_\_\_

Vendor Name & Number: \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Amount Requested for Credit: \$ \_\_\_\_\_

Reason for Request:

Item/s discontinued (list line numbers): \_\_\_\_\_

Order cancelled

Other (Explain): \_\_\_\_\_

Signature of Principal or Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

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Please forward this form to **Cindy Stramitis**, Accounts Payable, Fax # **400-4531** or  
pony to Suite 324 at the Education Center.