



**DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT
DIRECT PAYMENT REQUEST**

DPR Number: _____

For Business Office Use Only

PAY TO: _____ Address: _____ _____ _____	Payment Amount: _____
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Campus/Department: _____	Date: _____
<p>This form is to be used to request a check only under special circumstances. DSISD regulations require Purchase Orders for the procurement of all items. Bypassing the Purchase Order procedures is a violation of District regulations.</p>	

In order to be reimbursed for a purchase, a receipt must be attached to this request. The receipt must show the items purchased, the date of the purchase, and clearly show the method of payment. For travel related expenses (hotel, registration, etc.) please complete the appropriate travel form.

Description of items for which payment is requested:

CERTIFICATION: I certify that the materials and/or services for which a direct payment or reimbursement is requested have been fully performed, furnished and/or delivered to me or my campus/department. These expenditures are made in connection with DSISD business and to my knowledge have not previously been ordered or submitted for payment, and are now due and payable.

Employee Signature: _____ **Date:** _____

Fund	Funct	Object	Sub-Obj	Org	Year	PIC	Loc Opt	Amount

Principal/Director	Date
Learning & Innovation	Date
Business/Finance	Date