

# MISCELLANEOUS PAYMENT

<b>OFFICE USE ONLY</b> VENDOR NUMBER: _____
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DATE: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT PAYABLE: \_\_\_\_\_

BUDGET CODE: \_\_\_\_\_

REASON FOR PAYMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**PLEASE RETURN TO:** Ms. Erin MacMillan  
Accounts Payable  
Frontier School Division  
30 Speers Road  
Winnipeg MB R2J 1L9