

THE SCHOOL DISTRICT OF ST. LUCIE COUNTY

DIRECT PAYMENT REQUEST

DATE: _____

REQUEST #: _____

ISSUE CHECK TO:	FUND	FUNC	OBJT	CENT	PROJECT	PGM	AMOUNT
							\$
							\$
							\$
SCHOOL/DEPARTMENT	TOTAL						\$
	ADMINISTRATIVE APPROVAL: _____						



LINE NO.	DESCRIPTION	TOTAL PRICE

	PURCHASING AGENT: _____
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