Form RISD 01
9-89

RIVIERA I.S.D.
AUTHORIZATION OF PAYMENT

PAY TO: _____

_____

_____

TRAN. NO. or CHECK NO. _____

DATE OF CHECK _____

P.O. ITEM/NO.	VENDOR	FUND	FUNC.	OBJECT	SUB. OBJ.	ORGANI-ZATION	PUPIL POP	PROGRAM CODE	INVOICE NO. &/or EXPLANATION	AMOUNT

ORIGINATOR'S SIGNATURE _____ BUSINESS MANAGER _____

PRINCIPAL/SUPERVISOR _____

DATE SUBMITTED _____