ST. VRAIN VALLEY SCHOOL DISTRICT RE-1J

DOCUMENTATION REPORT
VENDOR PRE-PAYMENT

VENDOR NAME: ________________________________  P.O. # _______________

DATE PAID: ____________________  CK# ___________  AMOUNT: $___________

This vendor has been pre-paid for goods and/or services on the purchase order listed above. If and when goods and/or services have been received, please sign this form and submit a packing slip or paid receipt **within 30 days of the receipt of goods or services.**

THE DOCUMENTATION MUST BE RETURNED TO ACCOUNTS PAYABLE BY THE DATE INDICATED ABOVE. FAILURE TO SUBMIT THE REQUIRED DOCUMENTS BY THE DATE REQUESTED WILL RESULT IN THE FULL AMOUNT OF THE PRE-PAYMENT BEING DEDUCTED FROM YOUR PAYROLL.

If you have any questions, please do not hesitate to call Accounts Payable.

**Your Accounts Payable Representative is:**

- Cami Taylor  Ext. 57220
- Victoria Walston  Ext. 57218
- Pam Rice  Ext. 57222

I, ________________________________, hereby acknowledge receipt of goods or services for the prepayment noted above.

Signature: _____________________________________________________________