Acct. # _____

V # _____   P.A. # _____

Ganado Independent School District
P.O. Box 1200
211 S. Sixth St.
Ganado, Texas 77962
Payment Authorization

TO: _____

_____

_____

Quantity	Item No. & Description	Unit Price	Total

Requisitioned by: _____   _____
                        Employee   Date

Approved by: _____   _____
                     Administrator   Date

Approved by: _____   _____
                    Superintendent   Date