

M.S.A.D. #35

APPROVED FOR PAYMENT  
(Local Vendor Purchase's Only)

**ATTACH ALL SALES SLIPS:**

Date \_\_\_\_\_

School / Department \_\_\_\_\_

Purchased By: \_\_\_\_\_

Vendor \_\_\_\_\_

Amount of Purchase \_\_\_\_\_

Account(s) to Charge \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrators Approval

Superintendents Approval

This form is for LOCAL VENDORS ONLY  
primary use - custodial and maintenance supplies and repairs