

Approval to Pay By Invoice

1) Less Than \$1,500 or 2) To Correct Errors

Horry County Schools

School or Location: _____

Vendor Name: _____

Invoice #/Invoice Date: _____

Accounting Code for Payment: _____

Amount Requested for Payment: \$ _____

1. Describe the facts and circumstances surrounding this procurement:
(To be completed by the person authorizing the procurement)

Signature: _____

2. Steps taken to prevent recurrence (to be completed by Principal or Budget Manager):

Principal or Budget Manager

Date

Complete and return this form along with the unpaid invoice to the Procurement Coordinator within 5 working days of receipt of invoice.

APPROVED TO PAY BY VENDOR:

Procurement Officer

Date