

RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

School Building Authority Capital Fund Menu For Success

Payment Request Form

**LEA:**

**Invoice Amount:**

**Description of Product/Service:**

**CERTIFICATION:**

I certify that the above information is correct to the best of my knowledge and belief and that the invoice amount is for the benefit of students.

|  |  |  |
| --- | --- | --- |
| **Superintendent’s Signature** |  | **Date** |

 *Below this Line - For Internal Use Only*

School Building Authority at the Rhode Island Department of Education Verification

Date Verification

1. School Building Authority