



CHECK REQUEST FORM

Date: _____ Requested by: _____

Issue check to: _____
Name/Company

Address

City, State, Zip

Amount: \$ _____

Reason for Request: _____

Special Instructions: _____

Account Number: _____

Signature/Approval: _____ Date: _____



- Attach supporting documents. Invoices/receipts must accompany signed Check Request Form.
- If copies of documents are to accompany check to be mailed, please provide copies for mailing as well as for Accounts Payable and attach to form.
- Checks are processed the Tuesday after the monthly Board of Education Meeting and the second Tuesday following that date. Check Request Forms must be in the Business Office by the preceding Thursday morning before the check run.