

Check Request

Please return to Business office for prompt processing.

Note: All check request require documentation (invoice/ receipts) or it will be returned

Date of Request: _____

Contact Number _____
(must include)

Amount of Check: _____

Payable to : Company _____
(name of vendor) (invoice/documentation attached)

Payable to: Individual _____

(street address, city and zip)

Check one: _____ Mail check
_____ Return to: _____

For: _____
(description of payment, be specific, i.e " field trip or event date")

Comments/ Notes _____

*Account number required:

Account # _____ \$ _____

Account # _____ \$ _____

Account # _____ \$ _____

Account # _____ \$ _____

Requested by: _____

Approved by: _____

One check request per vendor, please.

Check request will be paid within 20 days of receipt