

Barbers Hill Independent School District

Check Request Form

Date: _____ Check Request #: _____

Vendor Name: _____

Invoice #: _____ Invoice Date: _____

Explanation of
Expenditure: _____

Budget #: _____ Amt: \$ _____

Budget #: _____ Amt: \$ _____

Budget #: _____ Amt: \$ _____

Requestor: _____ Date: _____

Approver: _____ Date: _____