



**STRATFORD ACADEMY
CHECK REQUEST**



DATE REQUESTED _____	DATE NEEDED _____
AMOUNT OF CHECK\$ _____	
MAKE CHECK PAYABLE TO: _____	
RETURN CHECK TO: _____	
ADDRESS: _____	
NAME OF ACCOUNT TO BE CHARGED: _____	
REASON FOR REQUEST (ATTACH ALL RECEIPTS): _____ _____	

REQUESTED BY: _____

APPROVED BY: _____

**ALL CHECK REQUESTS MUST BE APPROVED BY YOUR IMMEDIATE SUPERVISOR
AND ALL APPLICABLE RECEIPTS SHOULD BE ATTACHED.**