



Dexter Community Schools
 7714 Ann Arbor Street
 Dexter, Michigan 48130
 (734) 424-4100 – Phone
 (734) 424-4111 – Fax

**Internal Activity Accounts
 Check Request**

Internal Account # 66-2431-(_____) Account Name _____

materials/supplies services rendered by a business fundraising products

Check Payable to: Vendor # _____ Vendor name and address:
 District staff member: yes or no _____

Note: New vendors must complete IRS form [W-9: Request for Taxpayer Identification and Certification](#) prior to check being issued. Reimbursements to District staff will be paid through Payroll.

Amount: \$ _____ Date check needed _____
 (Attach invoice or other documentation)

Description _____

Special Instructions / PO # / EFD Grant # _____

mail check return check to: _____

services rendered by an individual

All individuals paid for services rendered for the School District will be paid through Payroll.

Employee Name: _____ **SSN ### - ## - (_____)**

Amount of payment to employee: \$ _____

Employer taxes (7.65%): \$ _____

MPERS cost (37.08% for 17-18): \$ _____

Amount to charge Internal Account: \$ _____

Check requested by:

 Sponsor Signature Name (Print) Date

Authorized by: (Note: Approval not required if a PO had been issued for the expenditure)

 Administrator Signature Name (Print) Date

For Business Office Use:	W-9 on file <input type="checkbox"/>	Employee <input type="checkbox"/>
Internal processed payment	Internal ck #	Paid on
Payroll processed payment	Payroll	Pay #
Account # 11-1219-	1890 / 2820 / 2830 / 5110	Paydate
Internal reimbursed Payroll	Internal ck #	Entered by