CHECK REQUEST

CHECKS ARE CUT ONCE A MONTH

(DEADLINE IS MONDAY - ONE WEEK PRIOR TO BOARD MEETING DATES)

PRINT CLEARLY

Today's date: _____ Date needed:_____

Requestor's name: _____

Building:

_____ MES _____ MPC _____ JH _____ WT
_____ AUX _____ MIS _____ JNS _____ D.O.
_____ OTHER (Please Specify)

Purpose: _____

Amount: $_____.____ (Attach backup documentation)

Payable to: _____
Street address: _____
City, State, Zip: _____
Account code: _____

Check appropriate option:

____ Mail check to above
(You must supply some form of documentation to be mailed with the check. It must also contain **your** name and phone # in case the payee has any questions.)

____ Requestor will pick up the check from the Business Office on _____

____ Check to be returned to requestor via inter-office mail

____ Other (please specify)

Signature of Requestor	Date
Supervisor's Signature	Date
Superintendent\ Asst. Superintendent's Signature	Date

REQUESTOR TO FORWARD COMPLETED, SIGNED FORM TO THE BUSINESS OFFICE Rev0419