

Check Request Form



Requested by: _____

Select one: Faculty Staff Trustee Parent

Request Date: ____/____/____ Date Required: ____/____/____
(Please allow a minimum of one week)

Make check payable to: _____

Address: _____

ACCOUNT	AMOUNT
TOTAL	

DETAILS

Is this request made in association with a school event? No Yes Event: _____

DESCRIPTION

SPECIAL HANDLING INSTRUCTIONS

PLEASE CHECK ONE

Mail check Return check to requisitioner Other _____

APPROVAL

Approved | Not approved Explanation: _____

Supervisor _____ Date _____

Chief Financial Officer _____ Date _____

Head of School _____ Date _____