



Jackson T. Stephens Campus  
1701 Cantrell Road  
Little Rock, AR 72201  
Phone 501.372.1194  
Fax 501.372.2160

### Parents Auxiliary Check Request Form

Check Requestor Name \_\_\_\_\_

Phone \_\_\_\_\_

Check Requestor  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<u>Event/Item Description</u>	<u>Amount</u>
-------------------------------	---------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grand Total \_\_\_\_\_

Business Office  
Approval: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_