



Check Request Form

*** For Employee Use Only ***

Date	
Vendor Name	
Vendor Address	Vendor City, State, Zip

Check Request Summary

Date	Description of Expense	Account Code(s)							Amount
		FD	E	ORG	PRG	CRS	FIN	OBJ	
Total Expense									\$ -

<p>Instructions: Employee completes form, prints, signs, and submits to Supervisor. Supervisor reviews, approves, and forwards form and supporting documentation to the Finance Office.</p>	
<p>NOTES:</p> <ul style="list-style-type: none"> *Must submit supporting documentation with check request (i.e. invoice, purchase order, registration forms, etc.) *Please take note of when your request must be paid by to ensure it falls within our check run dates *The Finance Department check schedule can be found on the district website under <i>Resources for Staff</i> 	<p>I certify the expense(s) listed is an authorized and actual business purpose expense for White Bear Lake Area Schools ISD 624.</p> <hr/> <p style="text-align: center;">Employee Signature Date</p> <hr/> <p style="text-align: center;">Supervisor Signature Date</p>