

Advance Check form

Allow 10 days for an advance check to be written

Please print this form or email it on to the next person listed below for signatures.

Employee/Requestor's name: _____

Vendor Name: _____

By what date do you need the check: _____

Purchase Order number: _____

Amount of Check: _____

Explanation of why an advance check is needed:

Employee name to put on check if it check is not made out to a Vendor:

Explanation as to why the check it to be written to an employee and not a Vendor:

Employees Signature: _____ Date: _____

Building Principal's signature: _____ Date: _____

Treasurer's signature: _____ Date: _____

Note: The employee that requests an advance check is also responsible for making the District whole if the invoice is less than the check amount.