



**Dexter Community Schools**  
 2704 Baker Rd  
 Dexter, Michigan 48130  
 (734) 424-4100 – Phone  
 (734) 424-4111 – Fax

### Internal Activity Accounts Check Request

**Internal Account 29-1296-7920(\_\_\_\_)-0000-(\_\_\_\_) Account Name \_\_\_\_\_**

materials/supplies       services rendered by a business       fundraising products

**Check Payable to: Vendor # \_\_\_\_\_ Vendor name and address:**  
 District staff member: yes or no \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Note: New vendors must complete IRS form [W-9: Request for Taxpayer Identification and Certification](#) prior to check being issued. Reimbursements to District staff will be paid through Payroll.*

**Amount: \$ \_\_\_\_\_ Date check needed \_\_\_\_\_**  
 (Attach invoice or other documentation)

**Description \_\_\_\_\_**

**Special Instructions / PO # / EFD Grant # \_\_\_\_\_**

mail check       return check to: \_\_\_\_\_

**Important information:**  
 \* All purchases must follow District Purchasing Procedures and allowable expenditures or will not be reimbursed.  
 \* Amazon purchases must be made through our Amazon Business account following our Amazon Business Purchasing Procedures.  
 \* The school district is exempt from paying state sales tax on purchases made for goods and services (except prepared foods from restaurants). A sales tax exemption certificate is available on our webpage. It is your responsibility to request sales tax be removed at time of purchase. You will not be reimbursed for sales tax.  
 \* Attach original detailed receipts listing all items purchased. Credit card receipts are not acceptable.  
 \* All items paid for or reimbursed by Dexter Community Schools or grants or any student/school/team activity fund are the property of Dexter Community Schools.

**Check requested by:**

Sponsor Signature	Name (Print)	Date

**Authorized by:** (Note: Approval not required if a PO had been issued for the expenditure)

Administrator Signature	Name (Print)	Date