BUTLER AREA SCHOOL DISTRICT

INVOICE - REQUEST FOR CHECK

Make Check Payable to:

_____
Name

_____
Street

_____
City **State** **Zip**

Send to: **Business Office on or before the last day of the month.**

Office Use:

Budget Item_____

OK'd by_____

OK'd by_____

Check No._____

Date Paid_____

Vendor_____

Description	Amount	Budget Item
	$	

TOTAL	**$**

Check requested by: _____

Date of request: _____