



# DELBARTON SCHOOL CHECK/CASH REQUEST

Date of Request: \_\_\_\_\_

Needed by: \_\_\_\_\_

- Checks are generated on **Tuesdays and Thursdays**. This completed form must be submitted to the Business Office by 3:00 pm the day before.
- Requests for immediate disbursements must have the approval of the Comptroller or Headmaster.
- Attach invoices and other supporting documentation. Requests without account numbers will be returned.
- For payment of invoices, the requestor must verify receipt of goods or services.
- Clearly state special instructions.
- Approval signature(s) and account numbers are required for check processing.
- Requests above \$250 must be approved by your Budget Manager or Department Manager.
- Itemized receipts are required for reimbursement. Credit card statements are NOT valid receipts.

|   |   |
|---|---|
| <input type="checkbox"/> Check<br><br><input type="checkbox"/> Cash<br><br><input type="checkbox"/> Mail USPS<br><br><input type="checkbox"/> Hold For Pickup | Payee (please PRINT) _____<br><br>Street _____<br><br>City _____ State _____ ZIP _____<br><br>Country (if outside of USA) _____ |
|---|---|

Special instructions (if any)

| Account Number<br>(required)              | Reimbursement Item Description<br>(Attach invoices or receipts to this form) | Amount |
|---|--|--------|
|   |  |        |
|   |  |        |
|   |  |        |
|   |  |        |
|   |  |        |
| <b>Total Amount Requested without tax</b> |  |        |

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

**BUDGET MANAGER/DEPARTMENT MANAGER**