



Check Request Form

<u>Requester:</u>	<u>School/Dept.:</u>
<u>Principal/Director:</u>	<u>Date:</u>

Invoice Amount: _____

Vendor Name: _____

Vendor Address: _____

(INVOICE MUST BE ATTACHED)

Explanation of Purchase: _____

Account Numbers: _____

Administrator Approval: _____ **Date:** _____

Procurement Approval: _____ **Date:** _____

IV Initials: _____ **Date:** _____