CHECK REQUEST

Newport-Mesa Unified School District

VENDOR ID #_____

CLAIMANT'S NAME_____ **DATE SUBMITTED**_____

SITE_____ **PO#**_____

PURCHASE DATE	VENDOR NAME	SUMMARY OF ITEMS PURCHASED	ACCOUNT #	AMOUNT

TOTAL $ 0.00

_____ _____

CLAIMANT SIGNATURE **DATE**

_____ _____ _____

AUTHORIZED SIGNATURE **PRINT AUTHORIZED NAME** **DATE**

PLEASE NOTE:

- **Original receipts & invoices must be attached.**
- **No Staples.**
- **Tape receipts to blank sheet of paper.**
- **Food receipts must list attendees & agenda.**
- **Appropriate approval & signatures are required.**
- **This is not a purchase order.**