

REQUEST FOR COMPUTER WRITTEN CHECK

This form is to be used for:

1. Purchases not requiring a purchase order.
2. Purchases normally requiring a purchase order but for which an exception has been made by the Director of Business Operations prior to purchase.

INVOICE NUMBER			
INVOICE DATE			
DUE DATE			
INVOICE AMOUNT			
DISCOUNT AMOUNT			
EXPENDITURE CODE			

VENDOR NAME AND ADDRESS

VENDOR # _____

Purpose of check: _____

Should check be mailed or returned to you? _____

If check is to be mailed, please attach any forms, lists, etc., which should be mailed with check.

Approval

Teacher _____

Principal _____

Business Office _____

Date _____

Date _____

Date _____

NOTE: Invoice, registration form or other applicable document must be attached in order for payment to be made.