Elizabeth City – Pasquotank Public Schools

CHECK REQUEST FORM

Vendor Name and Address: ***Vendor #:*** _____

_____

_____

_____

_____

Telephone Number: _____

Date Needed: _____

Description	***Account Code***	***Amount***
	Total Before Tax	0
	Tax (%) Here	0.00
	Hotel Occupancy Tax:	
	Total:	0.00

Hotel Confirmation Number: _____ ***(if applicable)***

Delivery Instructions: ☐ ***Mail to Payee***

☐ ***Return to Employee***

☐ ***Return to Supervisor***

_____ _____

Employee's Signature ***Submittal Date***

_____ _____

Supervisor's Signature ***Submittal Date***

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER AS REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

_____ _____

Finance Officer ***Date***

Please ensure that all supporting documentation is attached (receipts, confirmations, etc.)