



# DELBARTON SCHOOL PARENT GROUP 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  <input type="checkbox"/> Cash  <input type="checkbox"/> Mail USPS  <input type="checkbox"/> Hold For Pickup	Payee (please PRINT) _____  Street _____  City _____ State _____ ZIP _____  Country (if outside of USA) _____
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Special instructions (if any)

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

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

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

**BUDGET MANAGER/DEPARTMENT MANAGER**