



CHECK REQUEST

This form is used to request a check for vendors when prepayment is required and using a Purchase Order or P-Card is not an option. **All fields must be completed and approved** by the Unit Manager and Director of Fiscal Operations. Requests of \$10,000 or more must also have approval from the Director of Business Operations. Email approved request, or any questions you might have to accounts payable@nclack.k12.or.us.

Vendor Name: _____

Vendor Address: _____

Check Request Amount: _____

Account Code: _____

Reason for Request:

Description of purchase: _____

Purchase Order cannot be used due to _____

P-Card cannot be used due to _____

____ Vendor does not provide invoices

____ Vendor requires prepayment and check needs to be picked up from Accounts Payable

Requestor: _____ Date: _____

School/Unit#: _____ Telephone: _____

Approvals:

Unit Manager Name (please print): _____

Signature (Unit Manager): _____ Date _____

Signature, Director of Fiscal Operations

Signature, Director of Business Operations
(if over \$10,000)