



Effingham County Board of Education **CHECK REQUEST**

CHECK DETAILS

PAY TO THE ORDER OF:

Date Requested _____
 Amount of Request _____
 MUNIS Org Code _____
 MUNIS Obj Code _____

Vendor # _____

PURPOSE _____

Check will be picked up from BOE Accounts Payable (*Reg Checks → Ms. Jeffers ; Hotel Checks → Ms. Zittrauer*)

_____ Check to be mailed -- If mailed to vendor, specific date it is to be received _____

Check Requested By _____ Date _____
Please print & sign

Approved by _____ Date _____
Please print & sign

For Hotel Check, additional information below is required

Employee Name _____ Employee ID _____

If check is for more than one room, please attach a list of all employee names and their Employee ID#

Hotel Name _____ Confirmation # _____

Hotel Address _____

Dates of Travel: Hotel Check In Date _____ Check Out Date _____

Does the hotel accept checks? _____ YES _____ NO
This must be verified by employee or they may be personally responsible for paying for room once arriving at hotel

Does the Hotel require the check be received in advance of stay? _____ YES _____ NO

If Yes, how far in advance is check to be received? _____

Hotel check request must be submitted to **Renee Zittrauer**, BOE Account Payable
2 weeks prior to travel due to processing time.
 This is in addition to the time the hotel may require receipt of check.
 Late submissions may result in the employee paying hotel expense
 then submitting an expense report for reimbursement.
Copy of Hotel Confirmation must be attached to this form.