



GULFPORT SCHOOL DISTRICT - ACCOUNTS PAYABLE CHECK REQUEST

Complete this form for all items submitted for payment other than through the regular requisition/purchase order procedure. Attach all supporting documentations, such as invoices, letters, bulletins, receipts, list of officials, list of etc.

SEND FORM TO: ACCOUNTS PAYABLE, CO. PAYMENT WILL BE MADE WITHIN 7 – 10 BUSINESS DAYS.

Note: Do not use this form to request reimbursement for travel, mileage, consultant payments, pre-paid lodging, or airline tickets. Funds must be available in the budget string(s) indicated below. Reimbursement of sales tax is subject to the approval of the CFO and will be subject to further explanation.

Payee Name _____

Payee Address _____

Pay Location _____

Employee Yes No

TIN/SS# _____

Special Instructions for Check
Check (✓) one
<input type="checkbox"/> Mail to Payee
<input type="checkbox"/> Return to Requestor

FUND	GL CODE	FUNCTION	PROGRAM	OBJECT	COST CTR		AMOUNT

EXPLANATION Example - Reimburse Parent for Football Fees, Reimburse Parent for Textbook fees (attach a copy of supporting documentation).

Requestor's Signature	Date	Approved (Administrator/Department/Principal)	Date
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(CENTRAL OFFICE USE ONLY)

Approved: Yes No Amount Approved: \$ _____

Reviewed by: _____ Date: _____