

# CHECK REQUEST FORM

Lincolnshire-Prairie View School District 103  
111 Barclay Blvd., Suite 100  
Lincolnshire, IL 60069  
847.295.4030 / (Fax) 847.821-0189

Attach all **original, itemized** receipts and back-up. Mileage reimbursements should have Mapquest attached as backup.

**PLEASE ATTACH TWO COPIES OF ANY BACK-UP THAT NEEDS TO BE MAILED WITH CHECK.**

IMPREST CHECK Account Number \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACTIVITY CHECK Account Name \_\_\_\_\_ Dollar Amount \_\_\_\_\_

BOARD CHECK Account Number \_\_\_\_\_ Dollar Amount \_\_\_\_\_

CHECK REQUESTED BY: \_\_\_\_\_

**CHECK PAYMENT INFORMATION:**

CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

RETURN CHECK TO \_\_\_\_\_

MAIL CHECK \_\_\_\_\_

Description of Check Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Check

\_\_\_\_\_  
Approved: Principal or Supervisor