

# Barnwell County

SCHOOL DISTRICT

## CHECK REQUEST FORM

**PAY TO:** \_\_\_\_\_  
**TODAY'S DATE:** \_\_\_\_\_  
**EXPLANATION:** \_\_\_\_\_

**VENDOR NUMBER:** \_\_\_\_\_

**PURCHASE ORDER NUMBER:** \_\_\_\_\_

**Please indicate:**  
 Partial Payment of P.O.  
 Complete Payment of P.O.

Check Box if sales tax is not on the invoice but should have been  
 Pay SC Sales Tax

### ACCOUNT NUMBER

INVOICE DATE	INVOICE NUMBER	FUND	FUNCTION	OBJECT	MODIFIER	LOCATION	AMOUNT
						<b>TOTAL</b>	

**DATE SUBMITTED TO FINANCE:** \_\_\_\_\_  
**SUBMITTED BY:** \_\_\_\_\_  
**APPROVED BY:** \_\_\_\_\_  
**DISTRICT FINANCE OFFICE APPROVAL:** \_\_\_\_\_

------(BELOW FOR FINANCE USE ONLY)-----

**DIFFERENCES NOTED / EXPLANATION NEEDED BY:** \_\_\_\_\_  
**RESOLUTION TO DIFFERENCES / EXPLANATION:** \_\_\_\_\_