CHECK REQUEST FORM

SHINER INDEPENDENT SCHOOL DISTRICT
505 Texas Ave.
P. O. Box 804
Shiner, Texas 77984

Amount of request: _____ Date of Request: _____

Need by**:** _____

Pay to: _____
Address: _____
City, State, Zip: _____

Payment for:
Type of Event: _____ Destination: _____
Date (s) of Attendance: _____

S M T W TH F S (Circle day)

Service Performed: _____

DOCUMENTATION OF EVENT/PERSONS ATTENDING MUST BE ATTACHED

Please attach all receipts Meals: Breakfast $7 _____

Lunch $8 _____

Dinner $10 _____

Hotel/Motel Accommodations _____

Travel _____ @ .50 _____

TOTAL DUE: _____

Budget Account Code: _____

Cash received by**:** _____ on _____

Requested by: _____ DATE _____

Principal Approval: _____ DATE _____

Superintendent Approval: _____ DATE _____