

**PAMLICO COUNTY SCHOOLS  
CHECK REQUEST**

School/Department \_\_\_\_\_

Requested By \_\_\_\_\_ Date \_\_\_\_\_

*Please complete the following information in its entirety. Incomplete information may delay the processing of the check you are requesting.*

Amount of Check \_\_\_\_\_

Payable to \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Reason for Check \_\_\_\_\_

\_\_\_\_\_

Date Check Needed by \_\_\_\_\_

Documentation Attached (Invoice, Registration, etc.): ☐ Yes ☐ No

Once check is processed, would you prefer us to:

- ☐ Send it to you
- ☐ Mail to address above with attached documentation
- ☐ Hold at the Central Office – to be picked up

Signature of person making request \_\_\_\_\_

Authorized by \_\_\_\_\_

*Principal/Director/Administrator*

**Central Office Use Only**

*This instrument has been preaudited in the manner required  
by the School Budget and Fiscal Control Act.*

Expenditure Code \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

*Denise Altman, Finance Officer*