



AGUA DULCE ISD

CHECK REQUEST FORM

Request for check from campus activity account:

Activity Account: _____ Current Balance: _____

Items to be purchased:

Requested Amount: _____ Date Needed: _____

Check Payable to: _____

Invoice Must Be Attached To This Form

Employee Signature: _____ Date: _____

Approve { } Yes { } No Principal Signature: _____

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Check Amount: _____ Check Number: _____ Date: _____

Signature: _____ Date: _____

Principal Signature: _____ Date: _____

*Requires two signatures for approval

O: Business Office Cc: Principal & Sponsor