

CHECK REQUEST FORM

Vendor# _____

Date Needed: _____

Vendor Name/Address:

Description	Account Code	Amount
Shipping (if applicable):		
Hotel Occupancy Tax (if applicable):		
Tax:		
Total:		

Delivery Instructions: _____ **Mail to Vendor**
 _____ **Return to Employee**
 _____ **Other (details)**

Employee Signature

Date Submitted

Supervisor Signature

Date Submitted

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER AS REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

Finance Officer

Date

*All Check Requests will be returned if all
HIGHLIGHTED areas are
 not **COMPLETED**!*