

Pre-Paid Check Request



LOCATION: _____

DATE OF REQUEST: _____

REQUESTED BY: _____

P.O.#: _____

AMOUNT: _____

PAYMENT DESCRIPTION: _____

DATE OF TRIP/EVENT: _____

DATE CHECK NEEDED: _____

WHEN THE CHECK IS READY (check one):

Mail Check to Vendor **Send to:** _____

NOTES: _____

Justification of Prepaid (check one or more):

POLICY DK—STUDENT ACTIVITIES

- Athletic Officials Pay (Dragonfly)
- Game Guarantee
- ROTC Purchase
- Tournament Fee
- Field Trip (*overnight trips require board approval*)

MHSAA Athletic Activities

- Registration Fee
- Meals
- Hotel
- Fuel Reimbursement
- Other (specify):

POLICY DJEJ—PAYMENT PROCEDURES

- Payment on contractual obligations approved by the board (*if the contract includes specific deposit/payment/invoice terms*)
- Postage (*up to \$500*)
- Fuel Reimbursement (*up to \$250*)

BOARD APPROVED TRAVEL

(*must attach a copy of the board approved travel*)

- Registration Fee
- Meals (students only)
- Hotel
- Airfare
- Vehicle Rental

Authorized Signature: _____ **Date:** _____

Authorized Signature: _____ **Date:** _____

Email with signatures will be automatically sent to Angela Cospelich via Adobe Sign. Please do not duplicate with paper copy.