BERTIE COUNTY SCHOOLS
CHECK REQUEST FORM

Vendor Address: **Vendor #**:_____

_____

_____

_____

Telephone #: _____

Date Needed: _____

Description	Account Code	Amount
	Tax:	
	Hotel Occupancy Tax:	
	Total:	

Hotel Confirmation Number: _____ (if applicable)

Delivery Instructions: _____ Mail to Payee
_____ Return to Employee
_____ Return to Supervisor

_____ _____

Employee's Signature **Date Submitted**

_____ _____

Supervisor's Signature **Date Submitted**

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

_____ _____

Finance Officer's Signature **Date**