



RAISIN CITY ELEMENTARY SCHOOL

CHECK REQUEST FORM

Date of Request:

Person Requesting: _

Make Check Payable to: _

Amount of Check \$:

Date of Event / Reason:

Note

If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of the Principal is required before district office will issue check.

Signature

Approval

Date

DISTRICT OFFICE USE ONLY

Date Issued:

Check Number:

Check Mailed or Pickup:

Comments: