

SCOTLAND COUNTY SCHOOLS
CHECK REQUEST FORM (revised 03/2026)

DATE: _____

VENDOR # _____

(Please fill out new vendor form if no vendor # exist – form available on website)

PAYEE: _____

DELIVER TO: _____

ADDRESS: _____

SOCIAL SECURITY # : _____

\$ AMOUNT OF CHECK: _____

BUDGET CODE: _____

REASON FOR REQUEST

ORIGINATING SIGNATURE: _____

PRINCIPAL APPROVAL (as required): _____

DEPARTMENT DIRECTOR APPROVAL: _____
(as required based on assignment code)

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.

SIGNATURE OF FINANCE OFFICER

DATE