DE LA SALLE HIGH SCHOOL OF CONCORD, INC.

CHECK REQUEST

Please issue a check to:

Name: _____ Today's Date: _____

Address: _____ Date Needed: _____

_____

City/State/Zip: _____ Amount: _____

Attention: _____

Phone: _____ Budgeted item? □ Yes □ No*

Original receipt(s) attached? □ Yes □ No

Charge to Account(s):

G/L Account	Department	Account Description	Amount
01-			
01-			
01-			
01-			
		Total Request:	$

This amount is for the following goods and/or services (be specific):

_____

_____

_____

_____

_____

Requested by: _____
Date

Department Approval: _____
Date

Second Approval*: _____
Date

**If the purchase is a non-budgeted expense or greater than $1,000, you need to obtain additional approval from your area Vice President or refer to pre-approved purchase order.*

ADDITIONAL INSTRUCTIONS (CHECK ONE):

□ Give check to: _____ □ Mail check to address listed

Please also include the following with the check: _____