ELIZABETH CITY PASQUOTANK PUBLIC SCHOOLS

CHECK REQUEST FORM

Vendor Name and Mailing Address:

Vendor No.: _____

_____

_____

_____

Please allow 7 days turnaround time

Description	Budget Code	Amount
	Total Before Tax:	
	Tax:	
	Total:	

Delivery Instructions: ☐ **Mail to Vendor**
☐ **Return to Fund Administrator**

_____ _____

Employee's Signature **Submittal Date**

_____ _____

Fund Administrator's Signature **Submittal Date**

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

_____ _____

Finance Officer **Date**

Please ensure that all supporting documentation is attached (receipts, confirmations, etc).