2018-2019
CHECK REQUEST

CHECKS ARE CUT ONCE A MONTH

(DEADLINE IS MONDAY - ONE WEEK PRIOR TO BOARD MEETING DATES-
NO LAST MINUTE CHECKS WILL BE ISSUED)

PRINT CLEARLY

Today's date: _____ Date needed: _____

Requestor's name: _____

Building:

_____ MES	_____ MPC	_____ JH	_____ WT
_____ AUX	_____ MIS	_____ JNS	_____ D.O.

_____ OTHER (Please Specify)

Purpose: _____

Amount: $_____.____ (Attach backup documentation)

Payable to: _____
Street address: _____
City, State, Zip: _____

Account code: _____

Check appropriate option:

_____ Mail check to above
(You must supply some form of documentation to be mailed with the check. It must also contain **your** name and phone # in case the payee has any questions.)

_____ Requestor will pick up the check from the Business Office on _____

_____ Check to be returned to requestor via inter-office mail

_____ Other (please specify)

_____
Signature of Requestor Date

_____
Supervisor's Signature Date

_____
Superintendent\ Asst. Superintendent's Signature Date

REQUESTOR TO FORWARD COMPLETED, SIGNED FORM TO THE BUSINESS OFFICE

Rev0718