

# CHECK REQUEST FORM

(Turn In With Invoice and Receipt)

DATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

Name of Person Requesting Check: \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_

Account to be Charged: \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Secretary

FOR USE OF SECRETARY ONLY

DATE OF PAYMENT: \_\_\_\_\_

CHECK # \_\_\_\_\_