

Please staple ORIGINAL receipts to the BACK of this form. Do not highlight amounts on the receipt.



Check Request Form

Date of Request: _____

Check payable to: _____

Amount of Check: \$_____ Date (if specifically needed by): _____

Name of person making request: _____

Account (office use only): _____

Account (office use only): _____

Event name: _____

Description of expense: _____

Please provide address if you wish to have your check mailed: _____

Dept Head/Chair approval: _____

Approval: _____

Mr. James Bell, Principal

Completed form(s) should be **approved by dept. head prior to submitting** to the Business Office for check issue. Please submit approved form(s) with receipts within two weeks of purchase.

*****Please attach original receipts to back of this form*****