

Check Request Form

Purchase Order Request:

YES / NO

YES / NO

☐ High School ☐ Elementary School			Cal Card Request: Check #			
Er	VIPLOYEE REC	QUESTING CHEC	K (Signer	on Account)		
Name:			D	ate:		
Location/Site:	Club/Organization:					
	V	/ENDOR INFORM	NATION			
Payee/Check Payable To:						
Address:			□ Stan	f Dther		
□ Mail □ P Phone:	Pick-Up		ail:			
		HIS IS NOT AN ORD				
Please attach required proposals, qu	otes, receipts, ii	nvoices, contracts	or other su	pporting documento	ıtion.	
PAYMENT DESCRIPTION – Reason for check (in detail)				UNIT PRICE	PRICE AMOUNT	
			\longrightarrow			
			\longrightarrow			
					+	
						
			-		1	
Grade:					1	
Date of Minutes:	f Minutes: Minutes Attached:			TOTAL CHECK AMOUNT		
APPROVALS						
	SIGNATURE/TITLE		PRINT	ΓΝΑΜΕ	DATE	APPROVED
Student Body Representative						YES / NO
Person Requesting Reimbursement	,					YES / NO
Certificated Person Overseeing Activity	ī					YES / NO

School Site Administrator

District Office Administrator