



CHECK REQUEST

Date: _____ Amount: \$ _____

Requestor Name: _____

Approved By: _____

Vendor Name : _____

Vendor Address: _____

For _____

Check needed before purchase? Yes No

Check Need By Date: _____

Signature of requester: _____

(Note: If item has already been purchased, please attach a receipt to this form. Otherwise, provide receipt after purchase.)

Budget Category: _____

(School Store) Name of School: _____

FOR TREASURER'S USE ONLY

CHECK # _____

CHECK DATE: _____

CHECK AMOUNT: \$ _____

BUDGET CATEGORY: _____

COMMENTS: _____