

Date Needed: _____

<input type="checkbox"/> Student Activity -Yellow <input type="checkbox"/> General Fund -White <input type="checkbox"/> Other _____

REQUEST FOR CHECK

DATE: _____

AMOUNT: _____

VENDOR #: _____

PO #: _____

PAY TO THE ORDER OF: _____

ADDRESS: _____

ACCOUNT #: _____

ACCOUNT DESCRIPTION: _____

FOR THE PURPOSE OF: _____

ADMINISTRATIVE ASSISTANT'S
SIGNATURE

PRINCIPAL/DIRECTOR'S SIGNATURE

SUPERINTENDENT'S SIGNATURE



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