

CHECK REQUEST

PAYEE'S NAME: _____

SEND CHECK TO: _____

AMOUNT DUE: \$ _____

DESCRIPTION: _____ *

ACCOUNT NUMBER: _____

VENDOR NUMBER: _____

DATE: _____

AUTHORIZED BY: _____ **

Business Manager

Note: *Requests must be accompanied by original receipts.

**Requests must be authorized by the Principal or immediate supervisor.

Mileage is paid at the IRS rate of \$ 0.545 per mile.

The School Department does not reimburse/pay sales tax.