

Please staple original receipts to top left back of form
Do not highlight amounts



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**): _____

Event name: _____

Description of expense: _____

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

Dept Head/Chair approval: _____

Approval: _____

Mrs. Angela Brunini, Principal

Completed forms should be approved prior to submitting to the Business Office for check issue. Checks will be issued on Friday of each week for check requests prepared during the week ending on Thursday.

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