

SCHOOL DISTRICT OF



F O R T • A T K I N S O N

2011 – 2012
BUSINESS OFFICE
CHECK REQUEST FORM

This form is used to request a check. Vendor invoices or documentation associated with the check request **must** be attached to this form. Please call the business office at 920.563.7800 if you have any questions.

REQUESTED BY: _____ DATE: _____
(Staff Member)

(Building / Site) (Grade, Department, Program)

PAYABLE TO: _____ CHECK SHOULD BE: Mailed to "Payable To"
(Name of Company) Picked up on: _____

(Address) Returned to Requester Above

(City, State, Zip) Mailed to:

RATIONALE / DESCRIPTION

ACCOUNT CODES: _____ - _____ - _____ - _____ - _____ = _____
(Fund) (Location) (Object) (Function) (Project) (Amount)
_____ - _____ - _____ - _____ - _____ = _____
(Fund) (Location) (Object) (Function) (Project) (Amount)

TOTAL CHECK AMOUNT: _____

REQUESTER'S APPROVAL: _____ DATE: _____

SUPERVISOR'S APPROVAL: _____ DATE: _____

BUSINESS MANAGER'S APPROVAL: _____ DATE: _____