



CHECK REQUEST AUTHORIZATION

ORIGINATOR'S NAME	ACCOUNT CODE

DATE	AMOUNT	CHECK ONE
		<input type="checkbox"/> MAIL CHECK <input type="checkbox"/> RETURN TO ORIGINATOR <input type="checkbox"/> PICK-UP FROM ACCOUNTS PAYABLE

PAYEE INFORMATION

NAME: _____

ADDRESS: _____

IS THE PAYEE AN EMPLOYEE OF THE DISTRICT? YES NO

DID THE PAYEE PERFORM A SERVICE FOR THE DISTRICT? YES NO

REASON FOR CHECK REQUEST:

DEPARTMENT APPROVAL	PRINCIPAL/SUPERVISOR APPROVAL

*All information must be filled out prior to forwarding to Business Office for payment. Incomplete requests will be sent back to Principal or Supervisor.