

Elizabeth City – Pasquotank Public Schools

CHECK REQUEST FORM

Vendor Name and Address:

Vendor #: _____

Telephone Number: _____

Date Needed: _____

Description	Account Code	Amount
<i>Tax Rate (%):</i>		
<i>Hotel Occupancy Tax:</i>		
<i>Total:</i>		

Hotel Confirmation Number: _____ (if applicable)

Delivery Instructions: _____

Mail to Payee

Return to Employee

Return to Supervisor

Employee's Signature

Submittal Date

Supervisor's Signature

Submittal Date

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER AS REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

Finance Officer

Date

**Please ensure that all supporting documentation is attached
(receipts, confirmations, etc.)**