

CHECK REQUEST FORM

Vendor Name and Address:

Vendor #: _____

Telephone Number:

Date Needed:

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

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.)**