SCHOOL DISTRICT OF

FORT·ATKINSON

2013 – 2014
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**: _____

(Revised July 2013)   **Form ID: CHECK**