SCHOOL DISTRICT OF
FORT·ATKINSON

2014 – 2015
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**: _____