

**Operational Services**

**Exhibit – General Check Request Form**

Date of request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date check is needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please make every attempt to submit 5 days prior to date needed.***

Person requesting check (***Print Name***): \_\_\_\_\_

Total Amount of Check: \$\_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make check payable to: \_\_\_\_\_

Give or mail check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charge to: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ *Date*

Check request approved: \_\_\_\_\_ *Administrator's Signature* *Date*

Check request approved: \_\_\_\_\_ *Superintendent's Signature* *Date*

For Office Use:

Account #: \_\_\_\_\_

Check date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check #: \_\_\_\_\_

Adopted: April 25, 2016

4:50-E2