

DISTRICT CHECK REQUEST FORM

Date of Request: _____

- Vendor Check (Board Approved/3rd Monday of the Month)
- Impress Check (Needed Before the Next Board Meeting)

ACCOUNT NUMBER: _____

AMOUNT: _____

PAYEE: _____

15 Character Description for Check Stub (Optional)

EXPLANATION: _____

REQUESTED BY: _____

APPROVED BY: _____

Return Completed Request to the Administration Office