

CHECK REQUEST FORM

| PAY TO: | | | | VENDOR NUMBER: | | | |
|--------------------------------|---------------------------|--------------|--------------|--|----------|----------|--------|
| TODAY'S DA | ATE: | | | | | | |
| EXPLANATION: | | | | PURCHASE ORDER NUMBER: Please indicate: Partial Payment of P.O. Complete Payment of P.O. | | | |
| Check Box if A | Applicable C Sales Tax | A | CCOUNT | Γ NUM | BER | | |
| NVOICE OATE | INVOICE NUMBER | FUND | FUNCTION | OBJECT | MODIFIER | LOCATION | AMOUNT |
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| | | | | | | TOTAL | |
| SUBMITTED APPROVED DISTRICT FI | | APPROVAL:(B | ELOW FOR FIN | NANCE USE | CONLY) | | |
| DIFFERENC | ES NOTED / EXPL | ANATION NI | EEDED BY: | | _ | | |
| RESOLUTIO | N TO DIFFERENC | CES / EXPLAN | NATION: | | | | |
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