

**MADISON COUNTY SCHOOL DISTRICT
CHECK REQUEST FORM**

SCHOOL USE		FINANCE USE ONLY	
REQUEST DATE:		VENDOR #	
EVENT DATE:		PO NUMBER	
DATE CHECK NEEDED:		INVOICE #	
EVENT:		CLAIM #	
		CHECK #	
		CK DATE	
PAY TO:			
ADDRESS:			

	FUND	GL	FUNC	PROG	OBJ	UNIT	AMOUNT
Charge Budget Number							\$
Charge Budget Number							\$
Charge Budget Number							\$
Charge Budget Number							\$
Charge Budget Number							\$

Explanation (Attach invoice(s), registration forms, or other substantiating documentation)

LIST BOARD APPROVAL DATE: (FUND RAISERS, OUT OF STATE TRAVEL, ETC.) _____

INDICATE ONE OF THE FOLLOWING

RETURN CHECK TO SCHOOL/DEPARTMENT FORWARD CHECK TO VENDOR

THIS FORM IS TO BE USED ONLY IN THOSE INSTANCES WHERE THE VENDOR WILL NOT ACCEPT A PURCHASE ORDER. THIS APPLIES TO ATHLETIC OFFICIALS, SECURITY AT ATHLETIC EVENTS, SOME CONFERENCE REGISTRATIONS, SOME HOTELS, POSTAGE STAMPS, ETC..

THIS FORM IS NOT BE TO USED TO REQUEST REIMBURSEMENT FOR ITEMS THAT REQUIRE A PURCHASE ORDER THAT WERE PURCHASED WITHOUT FIRST OBTAINING A PURCHASE ORDER. PAYMENT FOR ITEMS PURCHASED IN THAT MANNER IS THE RESPONSIBILITY OF THE PURCHASER.

SUBMIT IN ADEQUATE TIME FOR PROCESSING FOR THE 15TH AND LAST WORKING DAY OF THE MONTH.

Requester's Signature

Date

Approved by Principal/Director

Date

Finance Office Approval

Date