

CORRY AREA SCHOOL DISTRICT

Request for Check - Accounts Payable_B

Make Check Payable To:

Date check is needed (checks are only cut on Wednesdays)

Purpose:

Amount	Description	Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	TOTAL	

****** Itemized Receipts MUST be attached for meals ******

Requestor Name:

Signed By: _____
Requestor

Signed By: _____
Supervisor

Date: _____

Date: _____

Signed By: _____
Business Manager

Signed By: _____
Superintendent

Date: _____

Date: _____

**ATTACH DOCUMENTATION SUPPORTING THE AMOUNT YOU ARE REQUESTING
EX: Receipts, Confirmations, Signed Preapproval Forms for conferences, field trips, etc.**