



Check Request

WINDHAM PUBLIC SCHOOLS Student Funds

School:

Date:

Department:

Please write a check for \$

payable to:

Payee Name:

Payee Address:

Purpose:

To pay for accompanying bill

Description of purchase:

**Please attach invoice/receipt documentation for this request
and forward to your administrative office.**

Preferred method of delivery:

Return check to staff advisor

Mail check to the above address

Please Note: All check
requests from an
Administrator must be
signed by the
Superintendent.

Organization to be charged:

Advisor Signature

Principal's Signature **(Required)**

For WHS Bank use only:

Date: _____

Check No.: _____

Payment shall be distributed/mailed within 10 calendar days.

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