

# WESTVILLE CUSD #2

WESTVILLE, IL 61883

## REQUEST FOR CHECK

AMOUNT OF REQUEST \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

CHECK PAYABLE TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

RETURN CHECK TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR CHECK: \_\_\_\_\_

NAME OF ACTIVITY: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

MEALS \$ \_\_\_\_\_

HOTEL \$ \_\_\_\_\_

MILEAGE \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

ACCOUNT CHARGED \_\_\_\_\_

DATE CHECK MUST BE RETURNED \_\_\_\_\_

SIGNATURE OF PERSON REQUESTING CHECK \_\_\_\_\_

APPROVED PAYMENT  
SIGNATURE OF PRINCIPAL \_\_\_\_\_

OFFICE USE ONLY

AMOUNT OF CHECK \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

DATE CHECK ISSUED \_\_\_\_\_

ACCOUNT CHARGED \_\_\_\_\_

APPROVED FOR PAYMENT  
SIGNATURE OF SUPERINTENDENT \_\_\_\_\_