

Langford Area School District 45-5

Check Request Form

Date of request: ____/____/____

Date check is needed: ____/____/____

A one-week advance notice is required. Please make arrangements if payment is needed sooner.

Person requesting check: _____

Amount (total) of check: \$_____
(Please attached receipts/supporting documentation)

Description: _____

Make check payable to: _____

Give or mail check to: _____

Charge To: _____ (EL, MS, HS, Naddy Grant, Athletics...)

Custodial Account: _____ (i.e., PAWS, Class of XX, Student Council...)

Requestor Signature: _____

Approval Signature: _____