**Check Request / Reimbursement Form**

**2018-2019**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Request** | |  | | | | |
|  | | | | | |  |
| **Date Needed** | |  | | | | |
|  | | | | | |  |
| **Name of Requestee** | |  | | | | |
|  | | | | | |  |
| **Who is the check(s) to be made to?** | | | | |  | |
| **CHOOSE ONE:** | | | | | | |
| **Check to be mailed** | | | | **Check to be picked up by:** | | |
|  | | | | | |  |
| **Amount of Check** | |  | | | | |
|  | | | | | |  |
| **Explanation, if necessary:** | | |  | | | |
|  | | | | | |  |
|  | | | | | | |
|  | | | | | |  |
| **Fund to pay request from** | | |  | | | |
|  | | | | | |  |
| **Fund Raiser / Sold for Profit** | | | | | | **Purchased by Students / No Profit** |
|  | | | | | | **“Turning cash into check”** |
|  | | | | | |  |
|  | | | | | |  |
| **Approval By** |  | | | | | |

(Principal or Superintendent)

**This check request form is to be used for stipends for payroll as well as any other payment requests.**

**Requests for check MUST be made TWO DAYS in advance. Requests for payroll items must be made by the 5th of each month payment is desired.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipient of Check** |  | **SSN** |  |

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**ATTACH ORIGINAL RECEIPT Updated 4/27/15**