

CHECK REQUEST FORM

Payee's Name: _____

Send Check To: _____

Amount Due: \$ _____

Description: _____ *

Account Code: _____

Vendor Number: _____

Authorized By: _____ ^ Date: _____

Business Manager

*Requests must be accompanied by original receipts.

^Requests must be signed by the Principal/Supervisor.

Please note that mileage is paid at the IRS rate of \$0.545 per mile, and that the School Department does not reimburse taxes or tips, except when incurred for travel expenses outside the State of Maine.