**Check Request / Reimbursement Form**

**2020-2021**

|  |  |
| --- | --- |
| **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 3/4/19**