

MILES ISD CHECK REQUEST

CHECK TO: _____ AMOUNT _____

ADDRESS: _____

FEES FOR: _____

MEALS FOR: STUDENT BKFAST# _____ LUNCH# _____ DINNER# _____

MEALS FOR: EMPLOYEE BKFAST# _____ LUNCH# _____ DINNER# _____

HOTEL: _____

MISCELLANEOUS ITEMS: _____

PLACE IN MAIL RETURN TO ME BY _____

PLEASE ATTACH ALL REQUIRED DOCUMENTATION.

SIGNATURE

SUPERVISOR SIGNATURE

FUND CODE(S)

SUPERINTENDENT SIGNATURE