



Mena Public Schools

CHECK REQUEST FORM

(not for reimbursement)

DATE: _____

AMOUNT: _____

BUILDING: _____

VENDOR/SUPPLIER: _____

ACCOUNT TO BE CHARGED: _____

FUND NUMBER OF ACCOUNT TO BE CHARGED: _____

REASON FOR CHECK: _____

REQUESTED BY: _____

PRINCIPAL SIGNATURE: _____

PLEASE CHECK ONE:

MAIL CHECK _____

RETURN CHECK TO REQUESTOR _____