

CLAUDE INDEPENDENT SCHOOL DISTRICT

CHECK REQUEST FORM

This form is to be submitted to the Business Office by the appropriate sponsor with the invoice and/or receipt. Every blank must be complete and purpose of expenditure clearly stated so that the campus administrator can consider approval of the request. Unapproved requests will be returned to the sponsor. This request will not be approved if there are insufficient funds in your club account to cover the amount of the request.

Request must be submitted by 10:00 a.m. on Tuesday for check pick-up on Wednesday or 10:00 a.m. on Thursday for check pick-up on Friday, unless otherwise specified at your campus.

Campus: _____ Date: _____

Pay to: _____ Amount: _____

Mailing Address: _____ Tax I.D. #: _____

Is payee a district employee: Yes No

Club to be charged: _____ Invoice #: _____

Purpose of expenditure: _____

By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts. Unsubstantiated amounts include, but are not limited to, those for which a receipt has not been provided. Receipts must be provided within five (5) working days from the date a check is issued.

 Sponsor Printed Name

 Club Sponsor Signature

 Club Treasurer/Officer Signature
 (Secondary Schools)

Balance in account before this check:

APPROVED: Yes No

 Principal/Administrator Signature

 Date

FOR OFFICE USE ONLY

 Signature of Person Picking Up Check

 Date

 Business Office Signature

 Date

CHECK
 INFO: