

INDEPENDENT SCHOOL DISTRICT 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **704.2.2.1P** Adopted **February 1987** Revised **December 2018**

Title **Check Request – General**

To: **Accounts Payable**

Vendor #:

Payable to: _____
Vendor/Payee name (print - black ink)

Vendor/Payee address

 City State Zip

Invoice #:

| | |
|---------------|--|
| CKREQ- | |
|---------------|--|

Check Amount: _____

Request Date: _____

Purpose: _____

Attach any supporting documentation

Requested by: _____

| Fund - Org - Prg - Fin - Obj - Crs | Amount | Verified |
|------------------------------------|--------|----------|
| | | |
| | | |
| | | |
| | | |

Approved By: _____
 (Principal/Authorized Administrator - original signature only)

| | |
|--------------------------------------|--|
| Special handling instructions to AP: | _____ |
| Date needed by: | _____ Mail directly to vendor/payee? _____ |
| Return check to: | _____ at: _____ |