

GENERAL

2010-2011

SCHOOL DISTRICT OF CAMBRIDGE

CHECK REQUEST FORM

This form is used to request checks for items that can not be purchased through purchase orders. Personal reimbursements shall be made on the EXPENSE REIMBURSEMENT FORM. Purchase orders should be requested through the online Educator Access system. Documentation shall be attached for all check requests. Please call the business office at ext. 4108 if you have any questions.

This request is for a (check one) check

This request is from (check one) Building Budget (10) Athletics Budget (10) Special Ed Budget (27)
 other fund _____

REQUESTED BY: _____ **DATE:** _____
(Staff Member)

(Grade, Department, Program)

REASON : _____

FROM: _____ **TELEPHONE #:** _____
(Name of Company)

(Address)

TOLL FREE #: _____

(City, State, Zip)

FAX #: _____

HOW MANY	CATALOG #	ITEM & DESCRIPTION	UNIT PRICE	TOTAL COST
		Shipping And Handling (if unknown, use 10%)		
GRAND TOTAL				

ACCOUNT CODE: _____

SUPERVISOR'S APPROVAL: _____ **DATE:** _____