



CHECK REQUEST FORM

Date: _____

Make Check Payable to:

Address

(if check is to be mailed):

Person Requesting: _____

Grade / Title: _____

Please fill out form completely, attach original receipts, and forward to Principal for approval, if needed.

**** Allow TEN business days to receive your check ****

Purpose of Check: _____

Amount of Check: \$ _____

→ Attach ALL RECEIPTS to this form.

Please CIRCLE THE ACCOUNT to be charged for this expense:

Big Ideas Grant

Computer Technology

HOT Grant

Annual Campaign

Leadership Stipend

Classroom Enrichment: STEM Wish List Purchase

Semester 1

Operating Expense (non-Campaign)

Semester 2

STEM Team Stipend

STEM Supplies

Other Expense Account (describe):

For Principal's Use (Approval needed for employee expenses exceeding \$250)

Date Received: _____

Approval Signature: _____

For Treasurer's Use

Date Received: _____

Amount Paid: \$ _____

Check #: _____