



CHECK REQUEST PARK CITY SCHOOL DISTRICT



DATE _____

TOTAL AMOUNT REQUESTED:

\$ _____

DATE REQUIRED:

PAYEE (ONE PAYEE PER REQUEST)

MAILING ADDRESS

CITY STATE ZIP

TELEPHONE FAX

FOR OFFICE USE ONLY

DATE RECEIVED:

JUSTIFICATION

ATTACH ALL COPIES OF SCHOOL CHECKS, ORDERING INFORMATION & INVOICE TO ACCOMPANY CHECK AND ANY / ALL OTHER BACKUP.

ANY REQUEST SUBMITTED WITHOUT SUFFICIENT BACKUP AND PROPER APPROVAL WILL BE RETURNED TO THE SCHOOL.

PROCESSING OF CHECK

- MAIL TO VENDOR
- SEND TO REQUESTOR
- OTHER - EXPLAIN

PARK CITY SCHOOL DISTRICT ACCOUNT #:

AMOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUESTED BY

DEPARTMENT APPROVAL

DATE

SCHOOL / LOCATION

PRINCIPAL APPROVAL

DATE

DIRECTOR APPROVAL

DATE

BUSINESS ADMINISTRATOR APPROVAL

DATE

DISTRICT ACCOUNT NUMBER & APPROVALS REQUIRED!

ROUTING

YELLOW - PURCHASING

WHITE - DIRECTOR / SCHOOL