# CHECK REQUEST

DATE OF REQUEST: _____ DATE REQUIRED: _____

BUDGET CODE 1: _____

AMOUNT 1: _____

BUDGET CODE 2: _____

AMOUNT 2: _____

**TOTAL AMOUNT: _____**

VENDOR / EMPLOYEE NAME: _____

VENDOR #: _____

VENDOR ADDRESS: _____

_____

_____

DETAILS (REASON/ORGANIZATION/DATES/DESTINATIONS): _____

_____

_____

_____

_____ _____ _____

Requestor's Signature Printed Name Date

_____ _____

Approval by Campus Principal or AD (for Athletics) Date

_____ _____

Superintendent Signature Date

**PO NUMBER: _____**

*Revised 11/3/2026*

# CHECK REQUEST

*Revised 11/3/2026*