

WESTERN WAYNE SCHOOL DISTRICT

CHECK REQUEST FORM

Name of Organization or Activity: _____

Name of Advisor or Officer: _____

Date of Submission: _____

Pay to Order of: _____

Amount to be Paid: _____

Purpose of check: _____

By requesting this check, I am also agreeing to submit receipts totaling the amount of the check in a timely manner if receipts are not available at time of request.

SIGNED: _____
Student Officer

SIGNED: _____
Faculty Advisor

FOR BUSINESS OFFICE USE ONLY

| | |
|-----------|--|
| Date Paid | |
| Check # | |