

DISTRICT CHECK REQUEST FORM

CHIPPEWA VALLEY SCHOOL DISTRICT

19120 Cass Ave.
Clinton Township, MI 48038
(586) 723-2000

TO: **District Auditor** _____

PTO~Support Group Signature

REQUESTER/SCHOOL/GROUP: _____

DATE: _____

District's Approval

Issue Check To:

NAME: _____

ADDRESS: _____

VENDOR # _____

CITY: _____

STATE: _____

ZIP: _____

REASON: _____

(CHECKS WILL BE RELEASED FOLLOWING BOARD OF EDUCATION APPROVAL EACH MONTH)

ACCOUNT #	INVOICE #	INV DATE	AMOUNT
TOTAL			

MAILING INSTRUCTIONS

Send check to Requester

Mail check to address above

Other _____

Rejected. Resubmit on a Purchase Order

Reimbursement Ck # _____ Date _____

