

**DISTRICT CHECK REQUEST FORM**

**CHIPPEWA VALLEY SCHOOL DISTRICT**

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

TO: Accounts Payable

\_\_\_\_\_  
Immediate Supervisor's Approval

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 \_\_\_\_\_