

INDEPENDENT SCHOOL DISTRICT 196  
 Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number **704.2.2.1P** Adopted **February 1987** Revised **June 2007**

Title **Check Request – General**

**To: Accounts Payable**

**Vendor #:**

**Payable to:** \_\_\_\_\_  
 Vendor name (*print - black ink*)

\_\_\_\_\_

Vendor address

\_\_\_\_\_

City State Zip

**Invoice #:**

<b>CKREQ-</b>	
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**Check Amount:** \_\_\_\_\_

**Request Date:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

*Attach any supporting documentation*

**Requested by:** \_\_\_\_\_

Fund - Org - Prg - Fin - Obj - Crs	Amount	Verified

**Approved By:** \_\_\_\_\_  
 (Principal/Authorized Administrator - original signature only)

Special handling instructions to AP: _____	
Date needed by: _____	Mail directly to vendor? _____
Return check to: _____	at: _____