

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 **January 2020**

Title **Check Request – General**

To: **Accounts Payable**

Vendor #:

Payable to:

Payee name (*print - black ink*)

Payee address

City

State

Zip

Phone:

Email:

Invoice #:

Check Amount:

Request Date:

Purpose:

Attach any supporting documentation

Requested by:

Fund - Org - Prg - Fin - Obj - Crs	Amount	Verified
TOTAL CHECK REQUEST		

Approved By:

(Principal/Authorized Administrator - original signature only)

Date needed by

Return check to