#  **REQ # \_\_\_\_\_\_\_\_\_**

 DATE \_\_\_\_\_\_\_

#  **Oak Ridge Schools**

**Check Request Form**

|  |
| --- |
| MAKE CHECKS PAYABLE TO: *NAME*  |
| ADDRESS |
| CITY STATE ZIP CODE |
| *VENDOR CONTACT NAME & PHONE #: VENDOR CODE:*(IF REIMBURSEMENT COMPANY NAME)  |
| *PAYMENT REQUESTED:* **\_\_***REIMBURSEMENT \_\_\_CHECK SENT W\ ORDER \_\_\_\_ DIRECT PAY* |
|  |  |  |  |
| INVOICE # | DESCRIPTION | ACCOUNT # | AMOUNT |
|  |  |  |   |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | TOTAL |  |  |

Reason for purchase:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REQUESTED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*THIS FORM IS NOT TO BE USED IN LIEU OF THE PURCHASE ORDER PROCESS

\*\*\*\*EXAMPLES FOR PROPER USAGE: ORGANIZATIONAL MEMBERSHIPS/SUBSCRIPTIONS, UTILITY BILLS, ORDERING STAMPS, ETC.

### APPROVALS

DEPT. APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BLDG. APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUDIT BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS DEPT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_