

FY\_\_\_\_\_

# Oak Ridge Schools Check Request Form

MAKE CHECKS PAYABLE TO:		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
VENDOR CONTACT NAME & PHONE #: <small>(IF REIMBURSEMENT COMPANY NAME)</small>		VENDOR CODE:
PAYMENT REQUESTED: <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> DIRECT PAY		

INVOICE #	DESCRIPTION	ACCOUNT #	AMOUNT
TOTAL			

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

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

\*\*\*\*THIS FORM IS NOT TO BE USED IN LIEU OF THE PURCHASE ORDER PROCESS\*\*\*\*  
USE FOR PREPAYMENT OF NEXT FISCAL YEAR INVOICES OR WHEN ONLINE CHECK REQUEST SYSTEM UNAVAILABLE

Bldg/Dept. Approval \_\_\_\_\_ Final Approval \_\_\_\_\_

Audit By \_\_\_\_\_ Business Dept. \_\_\_\_\_