

KEENE INDEPENDENT SCHOOL DISTRICT

CHECK REQUEST

Pay To: _____

Address: _____

Date: _____

Account Charged: _____

Date Check is Needed: _____

DESCRIPTION	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

Approved: _____

Requisition and/or Purchase Order Number: _____

PLEASE SELECT ONE BOX IN EACH SECTION

<p>SECTION 1</p> <p><input type="checkbox"/> Please forward check to vendor</p> <p><input type="checkbox"/> Please return check to me</p>	<p>SECTION 2</p> <p><input type="checkbox"/> Invoice/Documentation Attached</p> <p><input type="checkbox"/> Receipt will be returned</p>
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