

South Pike School District Check Request Form

Date of Request _____

Pay to _____ Pay to _____

Amount _____

Date Check Needed _____

Charge Account Number _____

Charge Account Number _____

Charge Account Number _____

Explanation (Attach invoice(s), statement(s), or other substantiating documentation.)

Requestor's Signature

Date

Approved by Principal/Director

Date

Finance Office Review

Date