



Freer Independent School District

Check Request Form

Name: _____ Title: _____

Organization: _____ Date: _____

***** Please submit a request for each invoice*****

Circle the appropriate block to designate how payment is to be made:

Advance

Reimbursement

Direct to Supplier

Date	Date Needed	Reason/ Account	Payee	Amount

Account Number: _____

Vendor Number: _____

Pay To: _____

Address: _____

City, State, & Zip Code: _____

I have examined the attached invoice and hereby verify that they are true and correct and that the goods or services have been received and are approved for payment.

Sponsor Approval: _____ **Principal Approval:** _____

Internal Use Only

Amount Paid	Check No.	Date: