

Vendor #:

Quitman County Board of Education CHECK REQUEST

Seq #:

When completing online, please only use mouse between lines rather than using the "enter" key. Thank you.

Make check payable

Attention (If applicable):

Street Address or P. O. Box:

City:

State:

Zip Code:

Payment/Reimbursement Description:

Account #:

Amount

TOTAL OF CHECK:

Check and complete as many as applicable:

Mail check directly to above address.

Check needed by:

Mail check to the following:

Do NOT mail check, but return to:

Will there be fees/donations to offset this expense?

If yes, what account number should be credited?

Requested by:

Date Requested:

Program Coordinator:

Date Approved:

Program Coordinator:

Date Approved:

Principal:

Date Approved:

Superintendent:

Date Approved:

IMPORTANT NOTE: Check requests will not be accepted for payment without necessary back up information.