

The
**POST OAK
 SCHOOL**

CHECK REQUEST FORM

Requested by: _____

Select one: **Faculty** **Staff** **Trustee** **Parent**

Request Date: ___/___/___

Date Required: ___/___/___
 (please allow a minimum of one week)

Make check payable to: _____

Address: _____

ACCOUNT	AMOUNT
TOTAL	

Is this request made in association with a school event? No Yes **Event:** _____

Description: _____

SPECIAL HANDLING INSTRUCTIONS: _____

PLEASE CHECK ONE:

MAIL CHECK RETURN CHECK TO REQUISITIONER PROCESS THROUGH PAYROLL

OTHER: _____

APPROVAL:

APPROVED: NOT APPROVED: Explanation: _____

APPROVAL: _____ DATE: _____

DIRECTOR OF FINANCE: _____ DATE: _____

HEAD OF SCHOOL: _____ DATE: _____