

COVINGTON COUNTY SCHOOL DISTRICT  
CHECK REQUEST FORM

SCHOOL / DEPARTMENT USE		BUSINESS OFFICE USE ONLY	
REQUEST DATE:		VENDOR #	
EVENT DATE:		PO NUMBER	
DATE CHECK NEEDED:		INVOICE #	
EVENT:		CLAIM #	
		CHECK #	
		CK DATE	
PAY TO:		CK AMOUNT	\$
ADDRESS:			

	FUND	GL	FUNC	PROG	OBJ	UNIT	MODIFIER	AMOUNT
Charge Budget Number		900						\$
Charge Budget Number		900						\$
Charge Budget Number		900						\$
Charge Budget Number								\$
<b>TOTAL REQUEST</b>								\$

**PURPOSE OF REQUEST (Attach invoice(s), registration forms, or other substantiating documentation)**

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**INDICATE ONE OF THE FOLLOWING**

RETURN CHECK TO SCHOOL/DEPARTMENT       FORWARD CHECK TO VENDOR

RETURN CHECK TO \_\_\_\_\_

**THIS FORM MUST BE COMPLETE. INCOMPLETE FORMS WILL BE RETURNED WHICH WILL DELAY PROCESSING.**

**THIS FORM IS TO BE USED ONLY IN THOSE INSTANCES WHERE THE VENDOR WILL NOT ACCEPT A PURCHASE ORDER. THIS APPLIES TO ATHLETIC OFFICIALS, SECURITY AT ATHLETIC EVENTS, SOME CONFERENCE REGISTRATIONS, SOME HOTELS, POSTAGE STAMPS, ETC.**

**THIS FORM IS NOT TO BE USED TO REQUEST REIMBURSEMENT FOR ITEMS THAT REQUIRE A PURCHASE ORDER THAT WERE PURCHASED WITHOUT FIRST OBTAINING A PURCHASE ORDER. PAYMENT FOR ITEMS PURCHASED IN THAT MANNER IS THE RESPONSIBILITY OF THE PURCHASER.**

**SUBMIT IN ADEQUATE TIME FOR PROCESSING ON THE 15TH OR LAST WORKING DAY OF THE MONTH.**

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Principal/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office Review/Approval

\_\_\_\_\_  
Date