LAKE SHORE PUBLIC SCHOOLS

**Internal Account**

**REQUEST FOR CHECK**

Please complete form, attach all receipts, registration forms, etc., and submit to the Business Office.

Date:

|  |  |
| --- | --- |
| Amount of Check: | $ |

|  |  |
| --- | --- |
| Payee: |  |
| Address: |  |
|  |  |
| City/State/Zip: |  |

Vendor Number (Office Use Only):

Internal Account Number:

Check Disbursement to:  Payee

Other:

Reason for Disbursement:

|  |
| --- |
|  |

Requested by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor/Sponsor Business Manager

Request #