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 #