
ORE CITY INDEPENDENT SCHOOL DISTRICT

Check Request

Date: _____ Date Check is Needed: _____

Send Check to: _____

Payable to: _____

Address: _____

Amount: \$ _____

Account Drawn From: _____

Explanation for request: _____

Employee's Signature

Date

Principal's Signature

Date

Business Manager's Signature

Date

Superintendent's Signature

Date