**ACCOUNTS PAYABLE REQUEST**

Fill out the form and email to your building administrator. In order for a check to written, a receipt or proof of purchase must accompany request.

**DATE:** Enter Date

**ACCOUNT NUMBER:** Enter Account Number

**PLEASE MAKE CHECK PAYABLE TO:** Enter Payee

**AMOUNT OF CHECK:** Enter Amount

**REASON:** Enter Reason For the Check

**RETURN TO:** Enter Where the Check Should Be Returned

**Principal’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office: Print out form, sign, attach receipt or proof of purchase and submit to Pam Ranta at district office.