SCHOOL CHECK REQUEST FORM

Payee’s Name:

Send Check to:

Invoice Number

Amount Due: $

Description:

Account Code:

Vendor Number:

Building Supervisor Signature:

Date:

Assistant Superintendent:

Business Manager:

Please note that mileage is reimbursed at the IRS rate of $0.545 per mile, and that the School Department does not reimburse taxes or tips, except when incurred for travel

expenses outside the State. Reimbursement requests must be submitted along with detailed receipts.

\*Please note that no reimbursements will be made for the purchase of gift cards\*

