

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

