



CHECK REQUEST FORM

PLEASE CHECK ONE: ***Per Illinois Law-Sales Tax Will Not Be Reimbursed***

- Conference Registration (Pre-Payment)** **Must attach Conference Pre-Approval Form
- Reimbursement**
 - Supplies and Approved Purchases** Purpose: _____
 - \$175 Teacher Classroom Materials Reimbursement**
 - Activity Account** (Choose select one) *Supervisor Pre-Approval (Initial/Date):* _____
 - Request Money In Advance of Purchase* (receipts must be turned in within 3 days)
 - Reimbursement from Activity Account* (attach receipts from purchase)
- Special Check** Purpose: _____

== = ATTACH SUPPORTING DOCUMENTS/RECEIPTS TO THIS REQUEST = = =

Check Payable To: _____

Mailing Address: _____

City, State, Zip: _____

1099 SSN/FEIN _____

SPECIAL INSTRUCTIONS: _____

Requested By: _____ Date: _____

Program: _____ Location: _____

== = APPROVALS = = =

Supervisor: _____ Date: _____

Executive Director: _____ Date: _____

Business Manager: _____ Date: _____

== = BILLING INFORMATION = = =

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FUND	TYPE	FUNC	OBJ	SOURCE	LOC/PROG	XX	FISCAL YR	AMOUNT

						00		
FUND	TYPE	FUNC	OBJ	SOURCE	LOC/PROG	XX	FISCAL YR	AMOUNT

TOTAL AMOUNT