



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: _____
 - Cooking/Community Purchases**
 - \$175 Teacher Classroom Materials Reimbursement**
 - Activity Account**
 - Request Money In Advance of Purchase* (receipts must be turned in w/in 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 ===

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

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

TOTAL AMOUNT