



## 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	00 XX	FISCAL YR	AMOUNT

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

TOTAL AMOUNT