

School Voucher Check Request

(This form shall be completed prior to purchase.)

To be completed by requestor.

Requestor's Name: _____

Reason: _____

Check Made Payable To: _____

Address: _____

Estimated Amount of Purchase: _____

Expenditure Account: _____

Principal's Approval

Date

To be completed by School Bookkeeper with all supporting documents attached.

Actual Amount of Purchase: _____

School Voucher Check Number: _____

Principal's Initials: _____