## Spooner Area School District Check Request Form

THIS FORM MUST BE IN DISTRICT OFFICE **WEDNESDAY** FOR THURSDAY PROCESSING.

## ATTACH ALL PERTINENT DOCUMENTATION, OR REQUEST WILL BE RETURNED.

1.	I am requesting a check in the amount of \$	Date
2.	Payable to:	
3.	Complete Address:	
4.	Purpose in detail:	
5.	Activity/District Account #:	
6.	Date needed:	
7.	Check to be: Given to:	
8.	Requester's Signature	Date:
9.	Supervisor's Signature:	Date:
	***************************************	***************************************
10.	Business Office Approval:	Date:
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