

# Spooner Area School District Check Request Form

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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: \_\_\_\_\_ Mailed to: \_\_\_\_\_
8. Requester's Signature \_\_\_\_\_ Date: \_\_\_\_\_
9. Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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10. Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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