

**CRAIG CITY SCHOOL DISTRICT
CHECK REQUEST**

Name of Payee _____ Date _____

Address _____

Amount \$ _____

Description _____

Requested by _____

Approved by _____ Date _____

* Requests must be in by the 10th of the month for the mid-month check run.

Requests must be in by the 25th of the month for the end-of-the-month check run.

Account No. _____ Amount _____

Account No. _____ Amount _____

Account No. _____ Amount _____

Account No. _____ Amount _____

Check Total _____

Date Paid _____ Check No. _____