

De La Salle High School of Concord, Inc

CHECK REQUEST

Please issue a check to:

Name _____	Date _____
Address _____	
_____	Amount _____
City, St., Zip _____	Date Needed _____
Attention: _____	
Phone: _____	Budgeted Item? (please check)
	<input type="checkbox"/> Yes <input type="checkbox"/> No*

Charge to Account (s):

G/L Account	Department	Account Description	Amount
01-			
01-			
01-			
01-			
Total Request			\$ -

This is for the following goods and/or services (be specific): _____

Requested By: _____	_____
Dept. Approval _____	Date _____
Second Approval *: _____	Date _____
	Date _____

** If purchase is a non-budgeted expense, need to obtain additional approval or refer to appropriate P.O. number. All Instructional purchases must be approved by the Vice Principal for Curriculum Development and Academic Services. All Athletics and Student Life (ie Parent Assoc, Dean's Office) purchases must be approved by the Vice Principal for School Operations and Student Activities.*

ADDITIONAL INSTRUCTIONS

Give Check to: _____ Mail Check to address listed

Include the following with check: _____