

# DE LA SALLE HIGH SCHOOL OF CONCORD, INC.

## CHECK REQUEST

Please issue a check to:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date Needed: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Amount: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Budgeted item?  Yes  No\*

Original receipt(s) attached?  Yes  No

Charge to Account(s):

G/L Account	Department	Account Description	Amount
01-			
01-			
01-			
01-			
<b>Total Request:</b>			<b>\$</b>

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date

Second Approval\*: \_\_\_\_\_ Date

*\*If the purchase is a non-budgeted expense or greater than \$1,000, you need to obtain additional approval from your area Vice President or refer to pre-approved purchase order.*

### ADDITIONAL INSTRUCTIONS (CHECK ONE):

Give check to: \_\_\_\_\_  Mail check to address listed

Please also include the following with the check: \_\_\_\_\_