

**INTERNAL ACCOUNT CHECK REQUEST FORM**

Check Amount Requested: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payable to: \_\_\_\_\_ Remit by: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_

Account Name: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

**I Understand that Sales Tax Will NOT be Reimbursed**

Supervisor's Signature: \_\_\_\_\_

**Please Indicate Check Delivery:**

Inner-School Mail  P/U at Central Office  Mail to Address on Invoice  Mail to Address Below

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Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Attach ALL Receipts for Reimbursement**

**Submit requests to: Central Office, Kingsley Area Schools**