

BLOOMINGTON PUBLIC SCHOOLS REQUEST FOR CHECK

Date: _____

Your School/Dept: _____

Payee: _____

Attention: _____

Address: _____

Special Instructions

Mail Check:

Return Check To: _____
(Name & Location)

Mail Registration *(Please make extra copy for our records)*

Special Instructions:

Call _____ **when ready to pick up**
(Name & Number)

Amount \$ _____

Is there a W9 on file in Finance? _____ *(Required by IRS for anyone providing a service to the district)*

Social Security Number: _____ *(Non-Employee)*

Date of Event: _____

Invoice Number: _____

Purpose/Description *(if it's a conference/workshop please list names attending):* _____

I hereby certify that there are sufficient funds available in this account to cover this request for payment. Under the penalties of perjury, I declare this to be a true and correct statement of claim against Bloomington Public Schools, and that no part of it has been paid.

Requester

(Must have 2 different signatures)

Supervisor's Signature

Account Number

Amount

FD	ORG	PRG	FIN	OBJ	CRS	
						\$.
						\$.
						\$.

White: Finance

Yellow: Requester

***** YOU MUST INCLUDE BACK UP PAPER WORK FOR THIS REQUEST *****

**** If you have an attachment to be mailed with the check, please include an extra copy for our files. Thank you! ****