



DeForest Area School District Request for Check Form

Vendor Name: _____

Address: _____

Account(s)

Amount(s)

TOTAL \$ _____

Reason for Request: (supporting documentation has to be attached in order for a check to be processed)

Have Business Office Mail Check to Vendor? Yes _____ No _____

If No, Return Check to: _____ Location: _____

Requested By and Date: _____ Location: _____

Principal's/Supervisor's Approval and Date: _____

BUSINESS OFFICE USE ONLY

Director's Approval and Date: _____

Vendor Number: _____ 1099 Applicable? Yes / No
(circle)

Invoice Number: _____ Invoice Date: _____