

VENDOR # _____

FORM T

DISD CHECK REQUEST FORM

PRINCIPAL/ SUPERVISOR MUST COMPLETE GRAY AREA

MAKE CHECK PAYABLE TO:

Name

Address

CHECK ONE: ☐ Mail Check
☐ Do NOT Mail Check

City, State & Zip Code

Date Check Is Needed: _____

Amount of Check: _____

Budget Code: _____

Budget Account Name: _____

Prior Budget Balance: _____

Purpose of Request: _____

Note: Invoice, application or registration form must be attached to this page in order for processing to occur.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____