

Panola Schools

CHECK REQUEST

VENDOR: _____

SS# and/or ADDRESS if applicable _____

DATE CHECK IS NEEDED: _____ A.S.A. P. _____

REQUESTED BY: _____

AMOUNT: _____ BUDGET CODE: _____

DESCRIPTION OF EXPENDITURE:

APPROVEDBY: _____ DATE: _____
Principal or Supervisor

****NOTE**** REQUEST FOR PAYMENT MUST BE IN BUSINESS OFFICE 10 DAYS PRIOR TO ISSUANCE OF CHECK.

FOR PANOLA SCHOOLS ADMINISTRATION OFFICE USE ONLY:

APPROVEDBY: _____ DATE: _____
Monnie Pennington, Business Manager