

# East China School District

## CHECK REQUEST

PAYEE NAME: \_\_\_\_\_

\*\*IF VENDOR IS NEW, COMPLETE FORM F1009-01 "VENDOR REQUEST FORM" AND ATTACH TO THE REQUEST.

REASON FOR PAYMENT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

| ACCOUNT NUMBER TO CHARGE | AMOUNT |
|--------------------------|--------|
|                          |        |
|                          |        |

Check here if check is to be returned to you.

TOTAL CHECK  
AMOUNT