

Haslett Public Schools
CHECK REQUEST - ACCOUNTS PAYABLE

DATE: _____

BUILDING: _____

REQUESTED BY: _____

PAY TO THE ORDER OF: _____

ADDRESS: _____

ACCOUNT NUMBER: _____ AMOUNT: _____

ACCOUNT NAME: _____

FOR: _____

ADMINISTRATOR

CLASS ADVISOR/SUPERVISOR

Please - All Appropriate Boxes for Delivery

- Return Check to:
- Mail Check to Vendor
- Include attached enclosure with check.

For Business Office Use Only

DIRECTOR OF FINANCE

VENDOR #: _____

****Please make sure that original detailed receipts/invoices or other documentation is attached.
Please include a duplicate copy of all documentation to be sent with payment.***