

***Haslett Public Schools***  
**CHECK REQUEST - ACCOUNTS PAYABLE**

DATE: 06/13/17

REQUESTED BY: \_\_\_\_\_

SPORT: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT: \_\_\_\_\_

ACCOUNT # & NAME: **SELECT ACCOUNT # and NAME from DROP DOWN**

FOR: \_\_\_\_\_

\_\_\_\_\_  
ADMINISTRATOR's Signature

\_\_\_\_\_  
COACH's Signature

**Please Check 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.*