



HOLLAND HALL

# CHECK REQUEST

DOCUMENTATION MUST BE ATTACHED

\*Date: \_\_\_\_\_

\*Date Needed: \_\_\_\_\_

\*Check Payable to: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Check Amount: \$ \_\_\_\_\_ \*Requested by: \_\_\_\_\_

\*Purpose/Description: \_\_\_\_\_

If purpose is an EXPENSE ADVANCE the individual receiving the advance must sign the following request authorization:

*I understand and agree that within one month of receiving this expense advance, I must submit an expense record or reimburse the School through direct payment or salary reduction which I authorize by this request. Funds drawn at the end of the school year will be accounted for before the issuance of my last check of the school year or by June 15<sup>th</sup>, whichever is later.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Account No: \_\_\_\_\_ \*Approved by: \_\_\_\_\_

\*Mail Check to: \_\_\_\_\_ \*Return to: \_\_\_\_\_

Please attach a copy of any authorization for this check (i.e. For workshops or conferences an approved copy of your 'Request for Conference/Workshop funds must be attached with this request)

\*MUST BE FILLED OUT

Rev 2/2013



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