

Denair Elementary School
Discretionary Account

Check Request Form

Attach original signed invoice or receipt to the back of your check request.

Teacher/Advisor _____

Today's Date _____ Date Check Needed _____

Check Amount \$ _____ Account balance verified: _____

Items purchased for: _____

Check payable to:

Name _____

Teacher Signature _____

If not a current DES employee, please complete address and SS# info.

Address _____

City _____ State _____ Zip _____

Social security number or Tax I.D. number must be included for all persons performing a service (such as: Referee, DJ's, Security)

S.S.#/Tax I.D.# _____

Required Signatures

District designee: _____

Lupe Delgadillo

This portion is filled in by Bookkeeper

Check # _____ Issue Date ___/___/___ Account _____

Bookkeeper Initials _____ Q _____