

# DISTRICT REQUEST FOR CHECK



PLEASE SPECIFY:

- VENDOR CHECK FOR MATERIALS OR SERVICES  
 VENDOR CHECK FOR SEMINARS/MEMBERSHIPS/SUBSCRIPTIONS/UTILITIES  
 PERSONAL REIMBURSEMENT      PAYROLL REQUEST (FOR PAYROLL USE ONLY)

MAKE CHECK PAYABLE TO:

MAIL CHECK TO (IF DIFFERENT):

VENDOR ID (REQUIRED)	NAME	NAME
ADDRESS		ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP
PHONE NO.		PHONE NO.

- MAIL CHECK      PICK-UP AT DS BY: \_\_\_\_\_      DELIVER TO BUSINESS SVCS: \_\_\_ EVC \_\_\_ SJCC \_\_\_ CEM

ACCOUNT NUMBER: If new vendor, provide W-9

FUND	LOC	COST CENTER	USER	OBJECT	AMOUNT

**Description of goods/services rendered:**

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**AUTHORIZATION FOR PAYMENT:** I hereby certify that the services and/or items listed were received satisfactorily.

REQUESTED BY: (Print Name, Dept. and Extension)	Ext:	Date
REQUESTED BY: (Signature)		
MANAGER'S APPROVAL (Signature)		
SITE BUSINESS OFFICER (Signature)		

**DISTRICT REQUEST FOR CHECK GUIDELINES** – Purchase requisition not required, except for bonds: PO# \_\_\_\_\_

**NO EQUIPMENT AND/OR FURNITURE**

For the following **received materials** and services \$1,000 and under including:

- Independent Contractors (contract required)
- Personal Reimbursements

For the following **types of services**, regardless of the \$ amount:

- Membership Fees    • Personal Local Seminars    • Subscriptions    • Utilities

**REQUIRED DOCUMENTATION:**

- Original invoice
- Fully executed Contract or Waiver of Liability (If applicable)
- Certificate of Insurance (If applicable)