

Wakefield-Marenisco School

Check Request Form

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

Name: \_\_\_\_\_

Reason for Check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Please be sure to include and applicable receipts.

Mileage: \_\_\_\_\_ miles at \_\_\_\_\_ cents/mile (government rate) = \_\_\_\_\_

Reason for travel: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_

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*Business Office*

*Check #* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Amount:* \_\_\_\_\_ *Account:* \_\_\_\_\_