

REQUEST TO ISSUE CHECK FOR PAYMENT

Whitfield County Schools

INSTRUCTIONS: This form is to be used to authorize a check for payment in circumstances in which a purchase order is not issued. Attach original invoices or other documentation in support of the payment.

Date: _____

PAYABLE TO Name: _____
MAIL TO Name (if different): _____
Address: _____
City, State, ZIP: _____

Social Security Number: _____
Applicable when payment made to an individual

INVOICE #	AMOUNT #	ACCOUNT NUMBER
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Amount	\$ _____	

COMMENTS:

I declare that this payment is correct and that payment has not been previously requested.

Originator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____