

REQUEST FOR HAND PAYABLE CHECK
West Central Education District

TO: District Office

Date / /

Please issue a check payable to: _____

FOR: _____
 (Amount)

CHARGE TO: _____
 (Account Name) and (Account Code)

Description of Expenses Incurred for Reimbursement (Receipts attached)

Or

Description of Service Provided for Stipend (Contracts or Agreement attached)

By signing this request the "requester" and "supervisor" acknowledge and assure that said expenditures comply with District internal controls and state/federal requirements for all categorical expenditures including but not limited to special education.

In submitting this request for payment it is attested, subject to penalty of law, that this request is valid and has not previously been paid.

 Requested By / Date

 Approved By / Date

4	Account Code						22	Amount	33	Purchase Order Number	Invoice Number	56
	FD 5-6	ORG 7-9	PRO 10-12	CRS 13-15	FIN 16-18	OBJ 19-21		23-32		40-45	46-55	

↑
 Blank = Expenditure
 G = General Ledger
 R = Revenue

↑
 Blank = Debit
 C = Credit (void credit memo or negative adj.)

↑
 Blank = Affects P.O.
 2 = Direct Purchase
 3 = Credit Memo
 4 = Credit Memo Affects P.O.

↑
 D = Discount
 F = Freight
 S = Sales Tax Removed
 A = Adjustment
 9 = 1099 Applies
 F = Final
 P = Partial