



CHECK REQUEST

Date: _____ Requested Delivery Date: _____

District #: _____ Requested by: _____

Payee: _____

Address: _____

Return check to: Payee Other (specify): _____

Other Address: _____

Description:	Account Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT: _____

IMPORTANT: Original invoice or other supporting documentation **must** be attached.

- Account Numbers: 50020 Instructor Expense – Other
- 50025 Instructor Expense – Air
- 50030 Instructor Expense – Ground
- 50035 Instructor Expense – Hotel
- 50040 Instructor Expense – Meals

Regional Approval: _____ Date: _____

Home Office Approval (1): _____ Date: _____

Home Office Approval (2): _____ Date: _____