



CHECK AUTHORIZATION FORM

PLEASE ATTACH ALL SUPPORTING DOCUMENTATION... (EX. RECEIPTS,
CONFIRMATIONS, ETC.)

DATE SUBMITTED TO FINANCE: _____ 08-12-24 _____

VENDOR- PAYABLE INFORMATION: _____

Address: _____

Vendor #: _____

FUND CODE: _____

Invoice #: _____

Purpose: _____

SUBTOTAL: _____

SHIPPING/HANDLING: _____

TAX: _____

TOTAL COST: _____

APPROVED: _____
SUBMITTED BY

DATE: _____

APPROVED: _____
PRINCIPAL/DIRECTOR/SUPERINTENDENT

DATE: _____