FORM #CD-1

IRON MOUNTAIN PUBLIC SCHOOLS
CHECK REQUEST

DESCRIPTION OF ITEM: _____

_____

TOTAL PRICE: $_____

PAY TO: NAME _____

ADDRESS _____

_____

_____

REQUESTED BY: APPROVED BY:

_____

(Employee Signature) _____ (Supervisor-if required)

(Superintendent)

_____

DATE REQUESTED:_____ DATE APPROVED:_____

SUPPORTING DOCUMENTATION ATTACHED-PLEASE CHECK ONE: YES___ NO

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FOR ACCOUNTING DEPARTMENT ONLY:

ACCOUNT NUMBER(S) AMOUNT

VENDOR
NUMBER
POSTED BY

_____

_____ $ _____

_____ _

_____

_____

_____

_____ $ _____

_____

_____ $

_____ $ _____

TOTAL $ _____