

Jefferson City Schools

CHECK REQUISITION PAYMENT REQUEST

Date: _____

Make Check Payable To: _____

Address: _____

Employee Based at Facility: _____

For the Amount of: \$ _____

These funds are being spent for: _____

Employee Signature

Date

Program Supervisor's / Principal Approval

Date

Assoc. Superintendent's Approval

Date

Superintendent's Approval

Date

Attach receipts with this form. (Please use a tax exempt form, so that taxes are not assessed for school related purchases.)

Account Code (Central Business Office will assign)