

**DERRY AREA SCHOOL DISTRICT
982 N CHESTNUT STREET EXT
DERRY PA 15627-7600**

REQUEST FOR CHECK

Date _____

Requested by _____

Check to be issued to _____

Address _____

Amount _____

Reason _____

Date check needed _____

Requests must be approved by the building principal or your supervisor, unless this is an advance for a conference which has been board approved.

Approved by _____

Account Code _____

PLEASE NOTE:

- 1) Request for checks must be received five days prior to date needed.
- 2) If the check is for reimbursement of expenses, receipts must be attached.
- 3) If the check is an advance, receipts must be submitted within 1 week.