

**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
CHECK REQUEST FORM**

This form is to be submitted to the bookkeeper on campus or elementary secretary by the appropriate sponsor with the invoice and/or receipt. Every blank must be complete and purpose of expenditure clearly stated so the campus administrator can consider approval of the request. Unapproved requests will be returned to the sponsor. This request will not be approved if there are insufficient funds in your club account to cover the amount of the request. Request must be submitted by 12:00 noon on Monday for check pick-up on Wednesday or 12:00 noon on Tuesday for check pick-up on Thursday.

Club Name: _____ **Date:** _____

Payable to: _____ **Amount:** _____

Mailing Address: _____

Is payee a district employee? Yes No

Club to be charged: _____ **Invoice # :** _____

Purpose of expenditure: _____

By signing this statement, I authorize the District to deduct any unsubstantiated amounts. Unsubstantiated amounts include, but are not limited to, those for which a receipt has not been provided. Receipts must be provided within seven (7) working days from the date a check is issued.

Balance in account before this check: _____

Approved: Yes No

Check to be mailed? Yes No

Sponsor Name (Print)

Sponsor Signature

Club Treasurer/Officer Signature (Secondary Schools)

Principal/Administrator Signature

Date

Check # _____ **Check Date** _____

FOR OFFICE USE ONLY

Signature of Person Picking-up/Mailing Check

Bookkeeper Signature

Picked up

Mailed Out

Date

Date

Difference recorded on Receipt/Check #: _____ **Amount** _____ **Date:** _____