

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: \_\_\_\_\_