Luling Independent School District

CHECK REQUEST FORM

DATE REQUESTED: _____ TOTAL CHECK AMOUNT:_____

PAYABLE TO: _____

_____

_____

PURPOSE OF PAYMENT REQUEST: (Indicate dates and attach receipts, documents as applicable)

BUDGET ACCOUNT CODE:----------

DISBURSEMENT INSTRUCTIONS: CAMPUS/DEPARTMENT:----------

----------MAIL TO PAYEE REQUESTED BY:----------

----------RETURN TO REQUESTOR APPROVAL:----------

----------HOLD IN BUSINESS OFFICE (i.e. principal, director, coordinator) DATE

PAYMENT AUTHORIZATION;----------

(Business Office) DATE