

**Gravette Public Schools
Check Request Form**

Date of request: _____/_____/_____

Date check is needed: _____/_____/_____

(Checks are written weekly. Please make arrangements if payment is needed sooner.)

Person requesting check: _____

Amount (total) of check: \$_____ *(Please make sure receipts are attached)*

Reason for check request: _____

Make check payable to: _____

Give or mail check to: _____

Signature: _____ Date: _____
(person requesting check)

Curriculum Director Signature: _____ Date: _____

Attach the Check Request Form to the Requisition