

Alachua County Public Schools
Business Services Division
Internal Accounts

Check Requisition

School: _____ Date of Requisition: _____
Check Number: _____
Date of Check: _____

Account to be charged: _____ make check to
Amount of \$ _____ to _____
_____ in payment of the following:

The above merchandise or service has been received and payment is in order.

To be checked and signed by at least one of the following:

SIGNED (Teacher)

SIGNED(Student Acty. Rep.)

SIGNED(Other-Specify Position)

APPROVED _____

Principal

INSTRUCTIONS: Prepare in duplicate and sign. Attach invoice(s) or other acceptable documentation. Forward to bookkeeper. Retain duplicate (yellow copy) when returned to you.