PIKES PEAK BOCES

CHECK REQUEST

PAYEE: _____

ADDRESS: _____

_____

_____

_____

VENDOR #: _____

DATE: _____

PROGRAM: _____

DISTRICT: _____

DO NOT MAIL CHECK

RETURN TO: _____

DESCRIPTION OF SERVICE	INVOICE #	FUND	LOCATION	SRE	PROGRAM	OBJECT	JOB CLASS	GRANT	AMOUNT
									$

Attach original invoice(s)/receipt(s) or other supporting document(s) to this request.

Accounts Payable checks are written weekly on Friday.

Submit request at least two (2) workdays in advance to allow for processing.

AMOUNT PAID	$ 0
DATE PAID	
CHECK NUMBER	

_____ _____

Originator's Signature Date

_____ _____

District Administrator's Signature Date

_____ _____

Administrator's Signature Date

Rev 8/08

WHITE / YELLOW COPIES: BOCES ACCOUNTING PINK COPY: SCHOOL / DISTRICT