

WILDCATS



Anthony Independent School District

CHECK REQUISITION

Date: _____

Check payable to: _____

Remittance Address: _____

Amount of Check: _____

Date Check is needed: _____ **Time:** _____

Requested By: _____

Account Number(s): _____

Item or Items being Purchased: (separate each item with a dash -)

Signature

Date

Principal's Approval Signature

Date

Finance Director's Approval Signature

Date

INSTRUCTIONS:

Both PO and Check Requisition form must be completely filled out. The completed forms must be submitted to the Business Office 3 days in advance of the date the check is required for assurance of a timely disbursement.