

THERMALITO UNION SCHOOL DISTRICT

Check Requisition Form

Date: _____

Preapproved By: _____ (attach applicable documentation)

Amount Not to Exceed: _____

Requested By: _____

Account Code: _____

*****All Itemized Receipts Must Be Attached*****

Complete Name and Address of Payee:

Payee Name: _____ Employee ID#: _____

Payee Address: _____

Vendor	Description of Items or Service Ordered	Total Cost

Employee Signature

Administrator/Supervisor Approval

Assistant Superintendent of Business