

BRAZOS INDEPENDENT SCHOOL DISTRICT

CHECK REQUEST FROM OPERATING ACCOUNT

(THIS REQUEST IS FOR FEES, DUES, OR REGISTRATION FOR WORKSHOPS)

ATTENTION: Kim or Courtney DATE: _____ DATE NEEDED: _____

NAME TO ISSUE CHECK TO _____

AMOUNT: _____

Mail Check

Return to Requestor

ADDRESS: _____ CITY: _____ STATE: _____

FOR: _____

BUDGET CODE: _____

REQUESTED BY: _____

APPROVED BY: _____

IMPORTANT: THIS FORM WILL BE RETURNED FOR THE FOLLOWING REASONS:

1. *IF APPROPRIATE ATTACHMENTS ARE NOT ATTACHED*
2. *IF ANYTHING IS BLANK*
3. *IT IS ON THE WRONG REQUEST FORM*

CHECKS ARE CUT ONCE A MONTH – THE SECOND WEEK OF EACH MONTH.
PLEASE PLAN AHEAD.