



# THE OVERLAKE SCHOOL

## CHECK REQUEST/REIMBURSEMENT

REQUEST MADE BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME ON CHECK: \_\_\_\_\_

DATE CHECK REQUIRED: \_\_\_\_\_

DEPT/LINE ITEM: \_\_\_\_\_

			Business Office Use Only	
Date	Description	Amount	G/L Code	Subledger
PLEASE ATTACH RECEIPTS				

TOTAL AMOUNT OF CHECK: \$ \_\_\_\_\_

Other Details:

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give to: \_\_\_\_\_

DEPT Approval: \_\_\_\_\_ (Please sign or initial)

Other Approval: \_\_\_\_\_ (Please sign or initial)

*Check runs are scheduled for Thursdays.  
To be included in next check run, please submit request by Wednesday.*