

Herscher Community Unit School District No. 2

CHECK REQUEST

Fund Option (Circle One): **IMPREST FUND*** **ACTIVITY FUND**** **GENERAL FUND*****

Requestor's Name: _____ Building (Circle One): BGS HIS LMS HHS

Purpose: _____ Date Needed: _____

Amount: \$ _____ (Attach backup documentation)

Vendor Name: _____

Address: _____

Account to Charge: _____

CHECK APPROPRIATE OPTION

- Mail check to vendor
- Return check to requestor via inter-office mail
- Requestor will pick up check from Unit Office

Signature of Requestor _____ Date _____

Supervisor's Signature: _____ Date _____

* **Imprest Fund.** Checks can be processed without Board of Ed approval (*ex.: extra-curricular officials*)

** **Activity Fund.** Checks can be processed without Board of Ed approval

*** **General Fund.** Checks require Board of Ed approval. Deadline is the 1st day of each month.

"Education... The Ultimate Investment."