



**Vendor / EduStaff Member  
CHECK REQUEST FORM**

Date: \_\_\_\_\_

Check Payable to: Vendor# \_\_\_\_\_

Vendor Name and Address

EduStaff Staff Member:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice Number \_\_\_\_\_

Invoice Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

ASN Number \_\_\_\_\_

Separate Check  Yes  No

**Description / Reason for Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Materials/Supplies  Services Rendered  Fundraising Products  Other

- 
- Mail Check
  - Return Check to Building *(only returned with a reason why it is needed)*

Requested by (Teacher/Admin Assist): \_\_\_\_\_

Supervisor Approval (Principal/Director): \_\_\_\_\_

**Note:**

- *New Vendors must complete an IRS required W-9 form; verify that the Vendor is in the system and "Active" otherwise request from Vendor before sending the check request.*
- *Reimbursements to EduStaff Members will be paid on the 2nd payroll of each month.*
- *Remove all staples, barcodes and make sure all loose papers are glued or taped on.*
- *If back up information is to be mailed with check, please make note of that on this request.*