

Ellwood City Area School District
Ellwood City, Pennsylvania
Form No. 149

REQUEST FOR CHECK

Date of Request: _____

Name of Person Requesting Check: _____

Make Check Payable To: _____

Address: _____

City/State/Zip Code: _____

Amount Requested: \$ _____

Reason for Check: _____

Principal/Supervisor's Approval: _____

Date Approved: _____

If check is not to be mailed, person receiving check must sign below:

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

CHARGE TO ACCOUNT: _____