



SCHOOL/DISTRICT FUND CHECK REQUEST

FUND Information

Fund Name _____

REQUEST Information

Amount: _____

Payable to: _____

SSN: _____

Address: _____

Required for stipends

Purpose: _____

Requested by: _____

Date _____

Signature of Approved Fund Signer

Printed Name of Signer

Signature of Approved Fund Signer _____ Date _____

(if 2nd signature required)

Printed Name of Signer

* Athletic equipment purchases require principal or athletic director approval.

APPROVAL Information

Approved by: _____

Date: _____

Cynthia Williams, Executive Director

SPECIAL Instructions

Mail to payee OCPS Courier

Hold for pick-up

Call _____ when ready at for pickup.

Name & Number

Other _____

Note: Checks are released weekly on **Friday**. *Some exceptions may apply.*

To ensure timely payment, requests must be submitted **Monday** prior to Wednesday processing.

An invoice or receipt(s) **MUST** be attached to request.