

CHECK REQUEST FORM

Date: _____

Requested By: _____
(Team Treasurer)

Integrated Check Request (ICR) - entered in Sungard/Business Plus

Check request for PO/other - needs to be entered by AP

Vendor Name: _____
(Person being reimburse, ie: name on the check)

Vendor ID: _____

Amount: _____

GL Account: 2929699279-57920000 Upper Elementary Robotics

Description: _____
(Team Number and Name)

Mail check: Return to requester:

Authorized by: _____

Business Office
Approval: _____
Deanna Wheeler

**** ALL INVOICES OR RECEIPTS MUST BE ATTACHED ****
(forward to Deanna Wheeler for final approval)

Send Check to:

Name:

Address:

City, State Zip:

Submit form and original receipts to:

Ashley Bootz,

Athletics Office,

Novi High School

25062 Taft Rd

Novi MI 48375.