



DEL MAR HIGH SCHOOL
 Campbell Union High School District
 1224 Del Mar Avenue
 San Jose, CA 95128

Class/Sport Check Request Form

Name of Account: _____ Account Number: _____

Date of Check Request: _____

Approved P.O. Number: _____ (Please attach original PO with this form)

Invoice Number (not applicable for reimbursements): _____

Check Request Submitted by: _____
 (Print) (Signature)

Check Written To:

Vendor Name:
Vendor Address:
Vendor Phone Number:

Amount requested for check: _____ Amount approved on purchase order: _____

P.O to be: Closed or Remain Open

Attached Document(s) need to be sent with check: Yes or No

***Purchase order must have been large enough to cover full amount of check request.
 If a purchase order was not processed prior to the purchase, a check cannot be issued.***

Check Destination: Where do you want the check to go after being printed?
<input type="checkbox"/> Teacher/Coach: _____
<input type="checkbox"/> Mail Check
<input type="checkbox"/> Other: _____

Submitted and Approved by:

	Print Name	Signature	Date
Teacher/Coach			
Department Chair/ Athletic Director			

For payment to be made, original invoice(s) or receipt(s) must be attached, as well as packing slip, if applicable.

For Office Use Only:

Check Date:	Check Number:	Banker Initials:
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