

**PAMLICO COUNTY SCHOOLS
CHECK REQUEST**

School/Department _____

Requested By _____ Date _____

Please complete the following information in its entirety. Incomplete information may delay the processing of the check you are requesting.

Amount of Check _____

Payable to _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Reason for Check _____

Date Check Needed by _____

Documentation Attached (Invoice, Registration, etc.): Yes No

Once check is processed, would you prefer us to:

 Send it to you

 Mail to address above with attached documentation

 Hold at the Central Office – to be picked up

Signature of person making request _____

Authorized by _____

Principal/Director/Administrator

Central Office Use Only

*This instrument has been preaudited in the manner required
by the School Budget and Fiscal Control Act.*

Expenditure Code _____

Authorized by _____ Date _____

Steven B. Curtis, Finance Officer