

Bishop O'Dowd High School

CHECK REQUEST					
Do not use for reimbursement to yourself					
Name		Department			
Business Office: Please issue a check or journal entry transfer as follows:					
Check: Fill out #1 & #2 below			Transfer: Fill out #2 below		
Organization/Individual Name & Address	Amount	Account Number			
1					
Reason for check or journal entry transfer					
2	From Account	To Account			
Return check to me: Yes No					
Special Instructions					
Signature	Approved - Department Head		Approved - Business Office		
Date					