



Clinton School District Check Request

(ATTACH SIGNED COPY OF Permission to Purchase w/o PO if Applicable)

Check Payable To:

Name: _____ **Date:** _____

Address: _____

City, State, Zip: _____

School: _____ **Requestor's Signature:** _____

Principal Signature: _____

Superintendent Signature: _____

Account Code	Amount

Remarks: _____

