

REQUEST FOR ISSUANCE OF CHECK

SPRINGFIELD PUBLIC SCHOOLS

<i>CHECK PAYABLE TO:</i>	NAME _____	CHECK DATED _____
	ADDRESS _____	AMOUNT OF CHECK } _____
	CITY _____ STATE _____ ZIP _____	

EXPLANATION: _____

SPECIAL INSTRUCTIONS: _____

FUND	FUNCTION	CENTER	OBJECT	JLKEY	JLOBJ	AMOUNT

FUND	FUNCTION	CENTER	OBJECT	JLKEY	JLOBJ	AMOUNT

REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____