

**Lake Mills Area School District
Check Request Form**

Date of request: ____/____/____

Date check is needed: ____/____/____

Checks are written weekly. Please make arrangements if payment is needed sooner.

Person requesting check: _____

Building: _____

Amount (total) of check: \$ _____ (Please make sure documentation attached)

Description: _____

Make check payable to: _____

Give or mail check to: _____

Business Manager approved: * _____
Signature & date

Supervisor approved: * _____
Signature & date

WUFAR Account #: _____