

**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 #:_____