



Lake Mills Area
SCHOOL DISTRICT

Check Request

Employee Name: _____

Building: _____

Date of Request: _____

Date Check is Needed: _____

Make Check Payable to: _____

Amount: \$ _____

Description:

*Staple Documentation

Give Check to: _____

or

Mail Check to: _____

Account Code: _____

Employee Signature: _____

Supervisor Signature: _____

Business Manager Signature: _____