

Hyde County Board of Education

CHECK REQUEST E-FORM

Vendor Address:

Vendor #:

Telephone Number:

Date Needed:

Description

Account Code

Amount

Description	Account Code	Amount

Tax Rate (7%) :

Hotel Occupancy Tax :

Total:

Hotel Confirmation Number: _____ (if applicable)

Delivery Instructions:

- _____ Mail to Payee
- _____ Return to Employee
- _____ Return to Supervisor

Employee's Signature

Submittal Date

Supervisor's Signature

Submittal Date

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER AS REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

Finance Officer

Date

All Check Requests will be returned if

HIGHLIGHTED areas are
not **COMPLETED** !