

# Sunflower County Consolidated School District

## Manual Check Request for Accounts Payable

Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account Code: \_\_\_\_\_

Reason for manual check request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

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### Approval For Manual Check Request:

\_\_\_\_\_

Principal

\_\_\_\_\_

Date

\_\_\_\_\_

Superintendent/Assistant Superintendent

\_\_\_\_\_

Date

\_\_\_\_\_

Chief Financial Officer/Business Office Supervisor

\_\_\_\_\_

Date

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Accounts Payable Accountant