

# Columbus Municipal 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: \_\_\_\_\_

---

## 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