

**ILLINOIS MATHEMATICS AND SCIENCE ACADEMY
AURORA, IL 60506-1000
LOCALLY HELD ACCOUNT CHECK REQUISITION**

PROCEDURE: This form is to be used when requesting a check for any expenditures which are not handled by purchase orders, i.e. advance travel registration, payment to athletic officials, etc. Complete this form in two copies and retain one for your files. All documentation (invoices, receipts, travel vouchers, etc) for this requested document must be attached. Failure to provide all of the necessary information may delay the processing of the check. If checks are needed for expenses, submit this request at least **two weeks** prior to the date the check is needed to ensure timely payment.

Today's Date: _____

Date Needed: _____

Send check to

Address provided below

Requisitioner

Other - Explain in box below

Check Amount \$ _____

Payable to:

Explanation for this expenditure:

Requisitioner's Signature

Fiscal Officer's Signature

Business Office Approval

Acc Info: Fund Grant Srce ID# GL Object Dept Section Unit Activity Lapse Year
Acct Number: _____