



Dexter Consolidated Schools

CHECK REQUEST FORM

**Itemized receipts
must be attached to
this form prior to
approval.**

Meal Reimbursement \$ _____

Provide explanation below:

Other Reimbursement \$ _____

Provide explanation below:

Total Reimbursement \$ _____

Please make check payable to:

Name

Address

City/State/Zip

Phone

Approved By:

Signature

Date

Itemized receipts must be attached to this form prior to approval.

PO #: _____