

KDO Academy Check Request Form

Date:

Name of Requestor:

Total Amount Requested:

Class Requested for:

Requestor's Signature:

Please mark below which category your receipts are in:

Supplies
*Description of purchase/amount for each:
(Use back of sheet if necessary)*

Total Cost of Supplies:

KDO Academy Check Request Form

Date:

Name of Requestor:

Total Amount Requested:

Class Requested for:

Requestor's Signature:

Please mark below which category your receipts are in:
Supplies, Copies, Misc.

Supplies
*Description of purchase/amount for each:
(Use back of sheet if necessary)*

Total Cost of Supplies:

Copies
*Include: Place of purchase, # of copies, & amount:
(Keep in mind we only reimburse .10/copy or lesser amount)*

Total Copies: Total Cost of Copies:

Copies
*Include: Place of purchase, # of copies, & amount:
(Keep in mind we only reimburse .10/copy or lesser amount)*

Total Copies: Total Cost of Copies:

Misc.

Total Cost of Misc.:

Misc.

Total Cost of Misc.:

OFFICE USE ONLY:
Approval Signature:
Check #: _____ Date: _____ Amount: \$ _____

OFFICE USE ONLY:
Approval Signature:
Check #: _____ Date: _____ Amount: \$ _____