



Perquimans County Middle School

Check Request

Reimbursement
 Purchase
 Other (Must Provide Detail):

Pay to the Order of:
 Name: _____
 Organization (if applicable): _____
 Full Address: _____

Description of School Expense: _____

Amount Requested: _____

Tax (Do not include tax if this is a reimbursement): _____

Total Amount Requested Including Tax: _____ Date Needed: _____

Requester's Signature: _____

Date: _____

Authorization: _____

Auth. Date: _____

****Official Use Only****

Funding Code(s): _____ Check Number: _____
 Invoice Number: _____
 Bookkeeper Signature: _____ Date Paid: _____