

East Laurens Middle School
Check Requisition / Transfer of Funds Request

Today's Date: _____ Date check needed: _____

Person Requesting Funds: _____ PO # _____

Acct Name: _____ Amt Requested: _____

Payable To: _____

Reason for Request: _____

Signature of person requesting funds: _____

Principal Approval (only if a reimb/no PO) _____

(For accounting use only)

Inv. Date _____ Acct #: 06-0-9990- - -0297-0-

Invoice # _____ Acct #: 06-0-9990- - -0297-0-

Entered: _____

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