

*School District of the City of Pontiac*  
**REQUEST FOR**

- ACCOUNTS PAYABLE CHECK**
- CREDIT CARD PAYMENT (if possible)**

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**MAKE PAYABLE TO:** \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Description

Account Number

**EXPLANATION:** \_\_\_\_\_ (Who, what, where, when, why):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Must give sufficient detail to explain purpose of expenditure)

**DEPT./PROG.:** \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Administrator's Signature

\_\_\_\_\_ Title

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REMARKS OR ADDITIONAL INFORMATION  
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**PLEASE INDICATE HOW YOU WISH THE CHECK PROCESSED:**

Mail the Check

Return to Administrator

Other \_\_\_\_\_  
\_\_\_\_\_