



**RULE ISD**  
**CHECK REQUEST FORM**

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

CHECK PAYABLE TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

ORGANIZATION CHARGED \_\_\_\_\_

EXPLANATION OF PAYMENT \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(Teacher/Sponsor)

APPROVED BY: \_\_\_\_\_  
(Superintendent)

**IMPORTANT: Attach invoice or sales slip to this form**

CHECK # \_\_\_\_\_ DATE OF CHECK \_\_\_\_\_