

LORAIN ISD
REQUEST FOR CHECK/REIMBURSEMENT

DATE: _____

CHECK PAYABLE TO: _____

DEPARTMENT: _____

PURPOSE OF CHECK: _____

TOTAL \$ _____

PERSON REQUESTING CHECK

APPROVED BY

OFFICE USE ONLY

FUND	FUNCTION	OBJECT	S/O	ORG.	PROGRAM	AMOUNT
------	----------	--------	-----	------	---------	--------

