

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Body Fiscal Services

ELEMENTARY SCHOOL

STUDENT BODY CHECK REQUEST

Date: _____

INSTRUCTIONS: Complete this form for each check issued and staple sales receipt or original invoice (no copies) to the back of this form. File by check number.

Check written to: _____

Amount \$ _____ Description _____

Date of Check _____ Check # _____

STUDENT BODY FUNDS (Check applicable box)

☐ **CLEARING**

☐ **ENTERTAINMENT**

☐ **SPECIAL SALES**

☐ **TRUST ACCOUNTS**

☐ **GENERAL EXPENSE**

REQUESTED BY: _____
Requestor's Signature Date

APPROVED: _____
Principal's Signature Date