

PASSAIC BOARD OF EDUCATION
BUSINESS OFFICE
Passaic, New Jersey 07055

REQUEST FOR CHECK--VENDOR

***This form must be attached
to the front of the requisition***

Date Check Needed _____ (See deadline dates)

Name of Vendor _____

Amount of Check \$ _____

X _____
Signature of Administrator/Supervisor

School/Office Date

- Did you sign this form?
- Will your request meet Purchase Order Deadline date? (Column I)
- Did you attach a confirmation from the vendor?
- Did you attach this form to the front of the requisition?

Request Approved _____
School Business Administrator or Designee Date