



Columbus Municipal School District

Manual Check Request Form

Invoice Number: _____ Date: _____

PO Number: _____ Vendor ID Number: _____

Amount: \$ _____ Vendor Name: _____

Reason for Manual Check Request: _____

Account Line(s): _____

Requested by (Please print) _____

Requestor's Signature _____ Date _____

Approval for Manual Check Request:

Principal/ Director Signature _____ Date _____

Superintendent/ Designee Signature _____ Date _____

Chief Financial Officer Signature _____ Date _____

Below For Business Office Use Only

Date Processed: _____

Check Number: _____

Processed by: _____

**Falcon
Family**

