

ST JOHNS CLASSICAL ACADEMY

Request for Manual Check

___ Fleming Island Campus ___ Orange Park Campus

Send To: School Bookkeeper Amount: _____

Requested By: _____ Date check Requested: _____ Date check Needed by: _____

Reason for Check Reque: _____

Vendor Information

Vendor Info: Name: _____ PO Number (If Applicable): _____ Address: _____ Date Needed By: _____ Phone: _____ Accounting Number: _____

Send Check To: _____

INVOICE/RECEIPTS MUST BE ATTACHED

Requester Signature: _____ Date: _____ (Teacher, Coach, Sponsor Signature)

Approved By: _____ Date: _____ (Headmaster's Signature)

Check request must follow procurment policy guidelines.