

PAUL REVERE CHARTER MIDDLE SCHOOL
Mathematics, Science & Technology Magnet Center
IMPREST FUND CHECK REQUEST

TO: Financial Manager

DATE: / /20

PLEASE MAKE CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

COST CENTER NO.:	PROGRAM CODE:	_____
GL ACCT.:	FUNCTIONAL AREA:	FUND NO. : 010- _____

The above information must be provided, otherwise it will be returned to the requestor.

QUANTITY	DESCRIPTION	UNIT COST	\$ AMOUNT
Sales Tax			
Total Amount			

Please submit completed form with the original invoice, stapled to the back of this form.

Requested by : _____

Paid by Check No.: _____

Approved by: Program Coordinator: _____ Approved by Principal: _____
 (For specially funded programs)