

IMLAY CITY COMMUNITY SCHOOLS

CHECK REQUEST
FORM

VENDOR NUMBER _____

<p>V E N D O R</p>	
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<p>R E T U R N T O</p>	<p>IMLAY CITY COMM. SCHOOLS ADMINISTRATION BLDG. 634 BORLAND ROAD IMLAY CITY, MI 48444</p> <p>ATTN: BECKY GRUMLEY</p>
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QUANTITY		
		<p>FREIGHT</p> <p>TOTAL</p>

ACCOUNT NUMBER _____

V

AUTHORIZED SIGNATURE

DATE

NOTE: ALL NECESSARY INFORMATION MUST BE ATTACHED AND SIGNATURE IS REQUIRED BEFORE CHECK IS ISSUED.