



John Paul II Regional School Check Request Form
(For use by coaches and athletic director)

DATE: _____

REQUESTED BY: _____

DATE REQUIRED: _____

REASON FOR CHECK: _____

MAKE PAYABLE TO: _____

AMOUNT: _____

DELIVER/MAIL TO: _____

AUTHORIZATIONS

ATHLETIC DIRECTOR: _____

PRINCIPAL: _____

All check requests must be turned into the athletic director first who will then submit requests to Mrs. Helen Persing, principal, at John Paul II Regional School Office using this form. PLEASE ATTACH ALL INVOICES / RECEIPTS TO THIS FORM.

Check requests are to be submitted three days prior to date check is needed.