

**GLEN ROSE SCHOOL DISTRICT  
CHECK REQUEST FORM**  
14334 HIGHWAY 67  
MALVERN, AR 72104

**Make Check Payable to:** \_\_\_\_\_

**Amount of check:** \_\_\_\_\_

**Expenses incurred for what purpose:** \_\_\_\_\_

**Charge expenses to the following account:** \_\_\_\_\_

**Check needed on the following date:** \_\_\_\_\_

**Attached documentation or invoice**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date