



Oradell Public School District

*Our children, our hope, our future*

**ORADELL BOARD OF EDUCATION**  
**STUDENT ACTIVITY**  
**CHECK REQUEST FORM**

DATE: \_\_\_\_\_

**REQUIRED DOCUMENTS:**

QUOTE/INVOICE     RECEIPT     PROOF OF PAYMENT (FOR REIMBURSEMENTS ONLY)

Please Print:

DATE CHECK IS NEEDED: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

DESCRIPTION/REASON FOR CHECK:

PERSON REQUESTING CHECK: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINCIPAL APPROVAL: \_\_\_\_\_