

St. Lucie Public Schools
Check Requisition

School _____

Account Name & Number: _____

Please make check payable to _____

for the amount of \$ _____

These funds are being spent for _____

Teacher Sponsor Signature _____ Date _____

Issued Check Number _____ Principal Approved _____

Date _____

White: Bookkeeper Canary: Other Pink: Originator

FIN0007 Rev. 5/18

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