KNOX COUNTY SCHOOLS

CHECK REQUEST FORM

REQUEST NUMBER

Label Here

Clear

REQUEST DATE	
TOTAL REQUESTED	

FUND		
ORG/OBJ		
PROJECT		Split Below if Neccessary
DEPARTMENT	SCHOOL	

MAKE PAYABLE TO: **VEND #**

EIN OR SSN:

IF INVOICED, THIS MUST MATCH REMITTANCE ADDRESS

865-594-1675

REQUESTING SIGNATURE/PHONE #

AUTHORIZING SUPERVISOR SIGNATURE/TITLE

865-594-8031

AUTHORIZATION/FINANCE OFFICE

PAYMENT TYPE:

- ☐ PAYMENT AGAINST PURCHASE ORDER — PO# _____
  - ☐ PAYMENT IN FULL (or final payment)
  - ☐ PARTIAL PAYMENT
  - ☐ CONTRACT RELEASE
  - ☐ PREPAYMENT
- ☐ PAYMENT AGAINST FINANCE DEPT CONTRACT — CONTRACT # _____
- ☐ TRAVEL PREPAYMENT — TRAV # _____
- ☐ TRAVEL FINAL REIMBURSEMENT — TRAV # _____
- ☐ PREPAYMENT FOR GOODS OR SERVICES
- ☐ MISCELLANEOUS UNEMCUMBERED PAYMENT
  - ☐ UTILITY
  - ☐ MEMBERSHIP/LICENSE
  - ☐ ADVERTISEMENT
  - ☐ SUBSCRIPTION
  - ☐ SERVICES
  - ☐ REIMBURSEMENT
  - ☐ GRANTS/AWARDS
  - ☐ EMERGENCY REPAIR
  - ☐ UNENC RECURRING PAYMENTS
  - ☐ WORKERS COMP
  - ☐ OTHER (Note: Other expenses are subject to review)

EXPLAIN: _____

FOR SPLIT ACCOUNTS, TRAVEL FORMS, JOURNALS, OR MULTIPLE INVOICES, FILL IN BELOW

DOC NUMBER	LAST NAME	ORG	OBJ	AMOUNT

FOR FINANCE USE ONLY

BO-132 (5/16)