



# Snoqualmie Valley

## School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065  
 Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svsd410.org

### REQUEST FOR REVOLVING FUND CHECK

Revolving Fund Checks may be requested when:

- A vendor will not accept a purchase order
- A vendor requires prepayment
- Emergency situations

Procedure:

- Please complete this form; sign and date.
- Attach order/registration form(s)/invoice
- Send to Business Office

***It is best to allow 24 hours for check processing.***

Requestor: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Total of Request: \$ \_\_\_\_\_

Vendor's Remit Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Items for Purchase: \_\_\_\_\_

Reason for Purchase: \_\_\_\_\_

Account Code: \_\_\_\_ – E –530 – \_\_\_\_\_

AFTER CHECK IS WRITTEN PLEASE (check one):

Return check to: \_\_\_\_\_

Mail check to address above.

Please prepay the expenditure listed above. I certify under penalty of perjury that this is a just and correct claim for a necessary and legitimate district expenditure, and that no other payment has been made on account thereof.

Budget Approver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IF ASB: Student Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRICT OFFICE USE ONLY**

CHECK # \_\_\_\_\_

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

BUSINESS OFFICE APPROVAL: \_\_\_\_\_