



# WASHOE COUNTY SCHOOL DISTRICT Check Request Form

CR \_\_\_\_\_

(To be completed by AP) Inv: \_\_\_\_\_

**INSTRUCTIONS: The Check Request is the last resort form of payment. Accounts Payable may instruct you to use an alternate form of payment. This form may be used for transactions which cannot be paid for with a Purchase Order or a District P Card, such as:**

1. Dues, Fees, Permits (Attach invoice or supporting documentation) (68100)
2. Scholarship payments to educational institutions (68500). **A separate form per student is required.**
3. Emergency rental assistance (64410)
4. Conference/Seminar Registration (Requires approved leave request & registration form) (63300)
5. Lodging (Requires approved leave request & registration form. Attach confirmation from vendor) (65800)
6. Other as deemed appropriate by Accounts Payable
7. **PLEASE** make any additional copies of registrations, etc. that are needed to accompany the check and submit with the Check Request Form.
8. Fill out this form completely and submit it with the supporting documentation to: Washoe County School District, Accounts Payable Office, 425 East Ninth Street, Reno, NV 89512, [ap@washoeschools.net](mailto:ap@washoeschools.net)

**IMPORTANT: It is imperative that you plan ahead.** The Accounts Payable Office may process requests **received by each Thursday at 12:00 p.m.** for the current check run. Requests received after this deadline will have checks issued in the subsequent check run. Processing times may be delayed due to staffing.

Vendor Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disposition of Check (Choose One):

*For AP Use Only – Separate Check*

School or  
Department: \_\_\_\_\_

Mail check to addressed

Payee to pick up

School or Department to pick up

Vendor Number: \_\_\_\_\_

FUND	PRGM	FNC	OBJECT	RC	DEPT

AMOUNT

Check Amount

**DESCRIPTION OF PAYMENT:  
MUST BE COMPLETE**

REQUESTED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPROVED BY \_\_\_\_\_

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

TYPE NAME: \_\_\_\_\_

DUE TO THE ADDED COSTS, IT IS THE POLICY OF THE ACCOUNTS PAYABLE OFFICE **NOT** TO PRODUCE MANUAL CHECKS. ALL REQUESTS FOR A MANUAL CHECK **MUST** BE HAND DELIVERED AND ACCOMPANIED BY DOCUMENTATION OF EXTENUATING CIRCUMSTANCES. ALTERNATE MEANS OF PAYMENT WILL BE RECOMMENDED. THE ACCOUNTS PAYABLE OFFICE HAS **FINAL DETERMINATION** OF WHEN A MANUAL CHECK IS REQUIRED.