The School Board of Broward County, Florida	**CHECK REQUEST**	A/P Syst. Document Number

Pay To:
Name: _____
Send to: _____
City/St./Zip: ___ , ___

☐ Check Box ONLY if for Next Fiscal Year.

Amount: ███████████
Reason: TSP REIMBURSEMENT
Class/Dept.: _____

Invoice Number	Invoice Date	Check Req. No.	Gross Amount	G/L Account (8) Class+Obj+O's	Bus Area (4)	Cost Center (10) BA+T+L+0	Fund(4) #+0	Internal Order (12)	WBS Element (14)	Grant (14)	Functional Area (16) Function+Activity+0's	
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	Total:											

To Be Completed by Bookkeeper, Budget Keeper or Business Support Center (BSC)

Was the service or item purchased available from warehouse stock or through established bid?   ☐ Yes/ ☒ No   If "Yes", explain below:

_____
_____

Enter Vendor Tax Identification Number or Social Security Number on the appropriate line, if applicable:

TIN Number: _____   Social Sec No.: _____

Deliver Check to:

Date Required:

Prepared by: _____
Phone #: _____
Date: _____

Approved: _____

Additional Approval: _____