

CHECK REQUEST

School District of Lomira

Date	Check Recipient and Explanation	Amount
	<p>TO:</p> <p>FOR:</p> <hr/> <p>Signature of Person Requesting</p> <hr/> <p>Student Signature (<i>Student Activity Accts only</i>)</p>	

Approved: (Principal or District Administrator) _____

Account #: _____

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