



# CHECK REQUEST

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

Cardinal Elementary  
5414 Hwy 16  
Eldon, IA 52554  
641-652-3591  
Fax 641-652-3173

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

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

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

AMOUNT	PAY TO: LIST COMPLETE NAME AND ADDRESS	REASON FOR CHECK REQUEST

(Account Numbers/For office use only)

Principal Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_