



CHECK REQUEST

Date:

Cardinal Jr Sr High
4045 Ashland Road
Eldon, IA 52554
641-652-7531
Fax 641-652-3143

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: _____