

KDO Academy Check Request Form	
Date:	
Name of Requestor:	
Total Amount Requested:	
Class Requested for:	
Requestor's Signature:	
Please mark below which category your receipts are in:	
<input type="checkbox"/> Supplies <i>Description of purchase/amount for each: (Use back of sheet if necessary)</i>	
Total Cost of Supplies:	

KDO Academy Check Request Form	
Date:	
Name of Requestor:	
Total Amount Requested:	
Class Requested for:	
Requestor's Signature:	
Please mark below which category your receipts are in: Supplies, Copies, Misc.	
<input type="checkbox"/> Supplies <i>Description of purchase/amount for each: (Use back of sheet if necessary)</i>	
Total Cost of Supplies:	

<input type="checkbox"/> Copies <i>Include: Place of purchase, # of copies, & amount: (Keep in mind we only reimburse .08/copy or lesser amount)</i>	
Total Copies:	Total Cost of Copies:

<input type="checkbox"/> Copies <i>Include: Place of purchase, # of copies, & amount: (Keep in mind we only reimburse .08/copy or lesser amount)</i>	
Total Copies:	Total Cost of Copies:

<input type="checkbox"/> Misc.	
Total Cost of Misc.:	

<input type="checkbox"/> Misc.	
Total Cost of Misc.:	

OFFICE USE ONLY:	
Approval Signature:	
Check #: _____ Date: _____ Amount: \$ _____	

OFFICE USE ONLY:	
Approval Signature:	
Check #: _____ Date: _____ Amount: \$ _____	