

**Sunflower County Consolidated School District**  
**Manual Check Request for Accounts Payable**

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

**Invoice Number:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Vendor Number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Account Code:** \_\_\_\_\_

**Reason for manual check request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested By:** \_\_\_\_\_

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

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**Approval For Manual Check Request:**

\_\_\_\_\_

**Principal**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Superintendent/Assistant Superintendent**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Chief Financial Officer/Business Office Supervisor**

\_\_\_\_\_

**Date**

**Date Processed:** \_\_\_\_\_

**Processed By:** \_\_\_\_\_

**Accounts Payable Accountant**