



DKC-E2

Exhibit: Expense Authorization/Reimbursement

Request for Check Form

Mapleton Public Schools

591 East 80th Avenue Denver, Colorado 80229 (303) 853-1000

FAX (303) 853-1156

Request for Check

Pay To: Name: _____ Date: _____
Address: _____ Vendor: _____
Fund: _____

Deliver Check To: Name: _____
(if different than above) Address: _____

Table with 4 columns: Account Number, Description, Invoice, Amount. Multiple rows for item entry.

Check Total \$ 0.00

Budget Manager: _____

Director of Finance : _____