

REVOLVING FUND CHECK REQUEST FORM

To: _____

Ship to:
 New Haven Unified School District
 Instruction – Revolving
 34200 Alvarado Niles Road
 Union City, California 94587

Attention: _____

Date: _____

Qty	Unit	Description	Unit Cost	Total
Sub Total				
Sales Tax				
S&H				
TOTAL				

Enclosed is Check No. _____ for the total of the above order. Please ship item(s) to the above “ship to” address and include the “attention” name. Include all packaging slips and invoices and/or receipts plus a copy of this form.

Account Code:

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 Originator’s signature

 Supervisor’s approval

 Business Department approval

Received By: _____

Date: _____