

CHECK AUTHORIZATION FORM
MOUNTAIN RIDGE HIGH SCHOOL

Date _____
Requested By _____
Fund To Be Charged _____ Amount \$ _____
Reason for Request _____
Make Check Payable to _____

.....
OFFICE USE ONLY

APPROVAL TO PAY _____
Principal's Signature _____ Date _____

DATE PAID _____ AMOUNT _____
FUND # _____ CHECK # _____

In order to comply with the Board of Education of Allegany County internal control procedures, this form must be completed when no formal payment documentation is available. Thank you for your cooperation.

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