



**DAMON INDEPENDENT SCHOOL DISTRICT  
CHECK REQUEST FORM  
IMPREST FUND**

**Date of request:** \_\_\_\_\_

**Check made payable to:** \_\_\_\_\_

**Pay the following amount: \$** \_\_\_\_\_ **For** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fund Code to be charged** \_\_\_\_\_

**Check #** \_\_\_\_\_

**SIGNATURE of requester: (Required)** \_\_\_\_\_

**SUPERINTENDENT SIGNATURE: (Required)** \_\_\_\_\_