

**Chino Valley Unified School District**  
*Associated Student Body*  
*Check Request for Multiple Payees*

School Name _____	Date _____
Student Body Account _____ # _____	P.O.# _____
Purpose _____	Amount \$ _____
Special Instructions _____	Date Required _____

Use this form when requesting checks to be issued from the same account, on the same date, for the same purpose, i.e., sports officials, fundraiser prizes, refunds, etc. Payee must complete W-9 prior to payment when form is attached.

Payee	Payee's Signature	Amount	Check No.

Total: \_\_\_\_\_ \$ \_\_\_\_\_

**APPROVALS**

Moved \_\_\_\_\_ Seconded \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_

Appears in Student Body Minutes Dated \_\_\_\_\_

Club Advisor _____	Date _____	Principal/Designee _____	Date _____
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Student Body Officer _____	Date _____	District Approval _____	Date _____
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**THIS SPACE FOR FINANCE OFFICE USE ONLY**

Check Number _____	Current Balance \$ _____
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Issue Date _____	Check Amount \$ _____
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Mail Date _____	
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Signature - Business Office/Finance Clerk \_\_\_\_\_ 