

**Dougherty County School System  
Finance Department  
Write A Check Form**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Invoice #**

\_\_\_\_\_ **Bank Account #**

\_\_\_\_\_ **Purchase Order #**

\_\_\_\_\_ **Social Security/Tax ID #**

\_\_\_\_\_ **Vendor #**

MAKE CHECK PAYABLE TO:P
Name
Address
City, State, Zip

CHARGE TO ACCOUNT NUMBER(S):						
Fund	Facility	Program	Bud Unit	Function	Object	Amount
<b>TOTAL</b>						

**Comments:**

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\_\_\_\_\_ **Prepared By**

\_\_\_\_\_ **Approved By**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Date**