Print Form

Reset Form

PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

OUTSTANDING CHECKS TO BE WRITTEN-OFF

LOCATION: _____

REVOLVING FUND TYPE (circle one): ☐ GENERAL ☐ ASB

FORM COMPLETED BY: _____ DATE: _____

Check Date	Check #	Payee	Amount
		TOTAL	

1) Forward completed form to Barb Rehn @ 109
2) You will be sent further instructions for the write-off of these checks after School Board Approval