

NORTH BEND HIGH SCHOOL

2323 Pacific Ave
North Bend, OR 97459



CHECK REQUISITION

Date _____

Check payable to: _____

Address: _____

Account: _____
(Account funds to be withdrawn from)

INVOICE	AMOUNT	DESCRIPTION

****Attach all invoices, receipts, packing slips, etc. and return to the bookkeeper.**

Account treasurer (student)

Principal / Administrator

Account sponsor (faculty)

School - Bookkeeper