



Great Falls Public Schools
CHECK REQUEST
 (Travel / Per Diem / Registration)

DATE _____

SCHOOL: _____

Payable To: _____

Code 1: _____

Address: _____

Code 2: _____

Dates	Description (Complete Details)	Unit Cost	Total Cost
		TOTAL:	

APPROVED: _____
 Supervisor

_____ Date

_____ Executive Director for
 Student Achievement

_____ Date