



OREGON EPISCOPAL SCHOOL

1869

Oregon Episcopal School Check Request

Checks request submitted to the business office by 4:00 p.m. Wednesday will be issued on Friday

Payee Name: _____

Date: _____

Check Total: \$ _____

Account Name	Account Number	\$Amount	Explanation of Expenditure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Faculty/Staff Mailbox Mail
 Special Mailing Instructions

Authorized Signature _____