

CHECK REQUISITION / JOURNAL ENTRY

Check No. _____

School _____ ESAS Journal Entry/Adjustment No. _____

Account Name	Object	Program Function	Subledger	Amount	DR/CR
	00	0000		\$	
	00	0000		\$	
	00	0000		\$	
	00	0000		\$	
SAP Funding Structure for Fund 9 Use Only		FUND	G/L Account	COST CNTR	FUNCTIONAL AREA
					-

Check Amount \$ _____

P. O. No. (if applicable)* _____

Check payable to: _____

Description of goods/services ordered _____

Originator/Sponsor Signature

Secretary/Treasurer Signature Date

Date

Principal/Delegate Signature Date

NOTES: Requester of goods/services must sign invoices acknowledging receipt.

***ESAS P. O. required for any purchase over \$100.00.**