



# SOUTHERN PLAINS EDUCATION COOPERATIVE

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## Check Request

Charge to Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Check to \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Amount of Check \_\_\_\_\_

For \_\_\_\_\_

Check Needed By \_\_\_\_\_

Return Check to \_\_\_\_\_

Approved By \_\_\_\_\_

Date Approved \_\_\_\_\_