The School Board of Broward County, Florida	**CHECK REQUEST**	A/P Syst. Document Number

Pay To:

Name: _____

Send to: _____

City/St./Zip: ____ , ____ - ____

For Use by Accounts Payable Only

Vendor Number: _____

☐ Check Box ONLY if for Next Fiscal Year.

Amount: ▮▮▮▮▮▮▮▮

Reason: TSP REIMBURSEMENT

Class/Dept.: _____

Invoice Number	Invoice Date	Check Req. No.	Gross Amount	G/L Account (8) Class+Obj+O's	Bus Area (4)	Cost Center (10) BA+T+L+0	Fund(4) #+0	Internal Order (12)	WBS Element (14)	Grant (14)	Functional Area (16) Function+Activity+0's	
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		Total:										

To Be Completed by Bookkeeper, Budget Keeper or Business Support Center (BSC)

Was the service or item purchased available from warehouse stock or through established bid? ☐ Yes/ ☒ No   If "Yes", explain below:

_____

_____

Enter Vendor Tax Identification Number or Social Security Number on the appropriate line, if applicable:

TIN Number: _____   Social Sec No.: _____

Deliver Check to: _____

Date Required: _____

Prepared by: _____
Phone #: _____
Date: _____

Approved: _____

Additional Approval: _____

Form 3039 (Rev. 1. 11/07)

Attention Bookkeeper, Budget Keeper or Business Support Center (BSC) Please complete highlighted sections & forward to Accounts Payable for processing.

G/L CODING: 5338000-registration fees when associated WITH travel; even though the travel is not being reimbursed

57330000 - Tuition reimbursements/online course registration

Select LANDSCAPE before printing