



Santa Clara County SCHOOLS' INSURANCE GROUP



CHECK REQUEST – Attention Aida Santillana

DATE:

FROM:

Signature:

SCHOOL DISTRICT:

PAYABLE TO:

AMOUNT:

MEMO (ON CHECK):

REASON

Reimbursement - To be paid from WC Safety Credits

**Attach receipts please*

Invoice – To be paid from WC Safety Credits

**New vendors will need to complete an IRS W9 form*

SCCISG

Date Received:

Date Processed:

Approved: