

**ARLINGTON HEIGHTS SCHOOL DISTRICT 25**  
**Office of Assistant Superintendent for Business**

**IMPREST PAYMENT REQUEST FORM**

**TO:** Arlington Heights School District 25 Board of Education

Date: \_\_\_\_\_ **ACCT. #** \_\_\_\_\_ **-E-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PAYABLE TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Purpose</b> _____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL** \$ \_\_\_\_\_

\_\_\_\_\_  
Administrator's Approval

\_\_\_\_\_  
Assistant Superintendent for Business