

SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES

CHECK STATUS REQUEST

DISTRICT NAME AND NUMBER: _____

CHECK TYPE (circle one): **COMMERCIAL** or **PAYROLL**
(EMAIL TO sgraves@scoe.org) *(EMAIL TO jsarsfield@scoe.org)*

CHECK NUMBER: _____
(ATTACH A COPY OF CHECK OR CHECK SNAP SHOT)

CHECK DATE: _____

CHECK AMOUNT: _____

PAYEE: _____

IF CHECK NOT CLEARED, STOP PAYMENT: ___ Yes or ___ No

**WHEN MARKED YES FOR A PAYROLL CHECK STATUS REQUEST, COMPLETE
MANUAL PAYROLL REQUEST FORM AND EMAIL TO BOTH: jsarsfield@scoe.org
carend@scoe.org**

AUTHORIZATION: _____