

# CHECK AUTHORIZATION

**BRISTOL WARREN REGIONAL  
SCHOOL DISTRICT**

235 High Street 2nd Floor  
Bristol, RI 02809  
(401) 253-4000

DATE	
AMOUNT	\$
VENDOR	
LINE ITEM #	

Payable:
Address:
City, State, Zip:

DESCRIPTION

Please attach all receipts to this form and mail to the Business Office

Requested By: \_\_\_\_\_

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

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