Please fill out the form in its entirety.

Date: _____ Company Name: _____

First Name: _____ Last Name: _____

Check Number: _____ Check Date: _____ Amount: _____

Current Address: _____

Email Address: _____ Phone Number: _____

Address at date of original check issue if different than current address:

_____

In addition to the claim form:

Current GISD employees must provide a copy of their security badge

Individuals NOT employed by GISD must provide a copy of their current driver's license

Business claimants must provide a business card in addition to a current driver's license.

Mail completed form to:

GARLAND INDEPENDENT SCHOOL DISTRICT
Attn: Assistant Director of Finance
501 S Jupiter, Garland, TX 75042

OR

Email: Finance@garlandisd.net with attachments.

I hereby wish to claim my rightful ownership of these funds as noted above and affirm that the above mentioned check was never cashed and will not be cashed if found at a later date.

_____ _____ _____
Signature Name Printed Date Signed

Checks will be issued within approximately 30 days of the receipt of request. Please contact Finance@garlandisd.net, with any additional questions.