

CHECK REQUEST

PLEASE PRINT

Date: _____

Person Requesting Check: _____

Organization/Department: _____ Telephone Number: _____

PLEASE ISSUE A CHECK FOR THE FOLLOWING:

Payable To: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Amount: _____

Reason: _____

Signature _____

Receipt Attached: Yes No **NOTE: Reimbursements MUST have original receipts attached.**

Invoice Attached: Yes: Invoice # _____ No

HANDLING (please check one)

Please mail Hold for pick up Return to me Other _____

Needed by (date/time): _____

FOR PURCHASES ONLY:

Pre-approved Purchase Request Attached: Yes No

Office Use Only

Vendor # _____

Acct # _____
