



CHECK REQUEST

Department: _____

Date: _____

REQUESTOR INFORMATION

Name: _____

Phone: _____

VENDOR INFORMATION

Name: _____

Date Check Is Needed: _____

Address: _____

Federal Taxpayer ID: _____
(if needed)

Payment Description

Reason for Check	Amount
Total Check Amount	

Acct to charge: _____
(From chart of accounts)

Requestor: _____
Signature

Authorized: _____
Signature

Date: _____

Date: _____

Office Use Only:
 Check # _____ Date issued: _____ Written by: _____