



Check Request

(NOTE: Do not use this form if vendor supplies invoice)

PAYEE: _____ AMOUNT: _____

CHECK IN PAYMENT FOR: _____

☐ Return Check to _____ for mailing or delivery.
☒ Mail check to:
NAME _____
ADDRESS _____

REQUESTED BY: _____ DATE _____

DATE NEEDED _____ APPROVED BY _____

ACCOUNT # OR ACTIVITY BUDGET TO BE CHARGED _____
ACCOUNT # OR ACTIVITY BUDGET TO BE CHARGED _____
ACCOUNT # OR ACTIVITY BUDGET TO BE CHARGED _____
ACCOUNT # OR ACTIVITY BUDGET TO BE CHARGED _____

(Checks WILL NOT be drawn if ANY information is omitted.)