



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.)