

Check Request Form

Today's Date: _____
 Person Requesting: _____
Print & Sign Name

Phone Number: _____

Email Address: _____

Make Check Payable to: _____

This form should be used to request a reimbursement or to pay an invoice. Below is a checklist of the items you will need when submitting the request.

- A Check Request completed form with your signature
- Attach original receipt(s)
- Attach invoice(s)

Please deliver check as follows.

MAIL TO: _____

ADDRESS: _____

Item #	Item Description	Program to be Charged	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
		Total Amount	

OFFICE USE ONLY:

Approval Date: _____ Check Date: _____
 Check Approved By: _____ Check Number: _____
Print & Sign Name

Check Amount: _____

