

Check Request Form

Vendor # _____

Please issue payment to:

Name _____

Address _____

Payable on _____ in the amount of \$ _____

Charge to account #

Department

Amount

Charge to account #	Department	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Mail check to vendor (or)

Return check to: _____ @ Box # _____

Hold check for pick up in the Accounting Department

Explanation of Payment:

