CHECK REQUEST FORM

Mail check Hold for pick up

**Please Type or Print**

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Payee |  |  | Social Security Number: |
| Mailing Address |  |  | ID Number: |
|  |  |  |  |
| City, State, and ZIP |  |  |

|  |  |
| --- | --- |
| Requested by: | Date |
| Department: | Telephone Ext.: |
| Approved by: | Date |
| Approved by: | Date |

Reason For Check (Please Check One):

Account: # #

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fund | Org | Account | Program | Amount |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  | Total check Amount: | $0.00 |

# #

Description:

For Accounting Use Only

|  |  |
| --- | --- |
| Vendor Number |  |
| Document Number |  |
| Pay Date |  |

