☐ Mail check

☐ Hold for pick up

CHECK REQUEST FORM

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):

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

		Fund	Org	Account	Program	Amount
Account:	#					$
	#					$
	#					$
	#					$
				Total check Amount:		$0.00

Description: _____

_____

For Accounting Use Only

Vendor Number	
Document Number	
Pay Date	