

# CHECK REQUEST

REQUESTED BY: \_\_\_\_\_

ID / VENDOR NO.	IF CHECK IS NOT TO BE MAILED, RETURN TO:	<input type="checkbox"/> MARK HERE TO HAVE CHECK MAILED	VOUCHER NO.
PAYEE			
STREET ADDRESS		ADDITIONAL ADDRESS INFORMATION	
CITY	STATE	ZIP / COUNTRY	
DEPARTMENT / ACCOUNT NAME		PRINT OR TYPE NAME	EXTENSION
BLDG. / ROOM NO.		APPROVED (SIGNATURE OF PERSON AUTHORIZED TO APPROVE EXPENDITURES)	DATE

INVOICE NO.	INVOICE DATE	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
<b>TOTAL</b>				<b>\$ 0.00</b>

ADDITIONAL EXPLANATION / INSTRUCTIONS \_\_\_\_\_

SUPPORTING DOCUMENTS, RECEIPTS & ITEMIZATIONS, MUST BE ATTACHED.

