CHECK REQUEST FORM

DATE OF BEOLIEGE	
DATE OF REQUEST:	
VENDODANIAADED	
VENDOR NUMBER:	
VENDOR NAME:	
VENDOR NAIVIE:	
PERSON MAKING REQUEST:	
FERSON MARING REQUEST:	
ACCOUNT NUMBER(S)	AMOUNT
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
(CHECK TOTAL \$
TAX EXEMPT LETTER NEEDED: YES NO	
MAIL CHECK? YES NO	
***************	*******
APPROVAL:	
	
ADMINISTRATOR/DEPARTMENT HEAD:	
ATE:	
SUSINESS MANAGER:	
OSINESS IVIAIVAGEN.	
DATE:	

REQUESTS ARE DUE TO ACCOUNTS PAYABLE BY 1:00 PM ON THURSDAYS. CHECKS ARE PRINTED ON MONDAYS AND WILL BE RETURNED TO THE REQUESTOR ONCE PRINTED UNLESS INDICATED TO MAIL. ANY REQUESTS RECEIVED AFTER THE CUTOFF WILL BE PROCESSED THE FOLLOWING MONDAY.

*****print on pink paper*****