

CHECK REQUEST FORM

DATE OF REQUEST:

VENDOR NUMBER:

VENDOR NAME:

PERSON MAKING REQUEST:

ACCOUNT NUMBER(S)	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
CHECK TOTAL	\$

INVOICE NUMBER OR REASON FOR REQUEST:

TAX EXEMPT LETTER NEEDED: YES NO

MAIL CHECK? YES NO

APPROVAL: _____

ADMINISTRATOR/DEPARTMENT HEAD: _____

DATE: _____

BUSINESS MANAGER: _____

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*******