

CHECK REQUEST

GENERAL INFORMATION			
	Payable To	Vender No.	
	Address	Phone	
	City	State	Zip
	Date Required	Total Amount \$	
	Mail Check? Yes/No		
	Description/Comments:		
ACCOUNT			
P/F Request No.	Account Number	Account Description	Amount
			\$
		Total	\$
REQUIRED			
Prepared By			Date
Approved By			Date
FOR FINANCE OFFICE USE ONLY			
Check Preparer Verified (initial or N/A each):			
Invoice to P/R#	Discount Taken	Date Paid:	
Footings	Payment Terms		
Calculations	Account Number	Ck No.	
Tax Exemption	Adequate Support		
Items Received	Form 1099 (payee)*		
Service Performed	* Obtain Form W-9 from payee		General Ledger:
		Entered:	
Comments			

ALL CHECK REQUESTS MUST BE TURNED IN TWO WEEKS PRIOR TO NEED
CHECKS OVER \$1000.00 MUST BE SUBMITTED 30 DAYS IN ADVANCE