

# CHECK REQUEST FORM

DATE OF REQUEST:

VENDOR NUMBER:

VENDOR NAME:

PERSON MAKING REQUEST:

ACCOUNT NUMBER(S)	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>CHECK TOTAL</b>	<b>\$</b>

INVOICE NUMBER OR REASON FOR REQUEST:

TAX EXEMPT LETTER NEEDED:  YES  NO

MAIL CHECK?  YES  NO

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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-----*