

CHECK REQUEST FORM

DATE OF REQUEST _____

FISCAL YEAR _____

REQUESTOR NAME _____

LOCATION _____

PHONE _____

MAKE CHECK PAYABLE TO _____

VENDOR NAME (If Different) _____

VENDOR ADDRESS _____

DATE NEEDED _____

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
<u>Note to Requestor:</u> Send completed form to the 109 Business Office with backup documentation for this expenditure. Backup includes quotes, invoices, registration forms, etc. Lack of necessary documentation may delay the processing of your check.		Shipping	
		Tax	
		Check Amount	

ACCOUNT CODE	AMOUNT

 PRINCIPAL/DIRECTOR APPROVAL

SEND CHECK TO:

VENDOR
 REQUESTOR
 WILL BE PICKED UP
 OTHER _____

SPECIAL INSTRUCTIONS

(i.e. Documents to Send With Check)

For Accounting Use Only APPROVED BY _____	CHECK # _____ CHECK DATE _____ BATCH ID _____
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