



# CHECK REQUEST FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Pay to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Name	Account Number	Amount
<b>*PLEASE ATTACH ALL RECEIPTS AND SUPPORTING DOCUMENTATION</b>	<b>TOTAL</b>	

REASON FOR DISBURSEMENT

**I certify that the above information is accurate and complete**

\_\_\_\_\_  
Requester Signature

\_\_\_\_\_  
Approved by

**Handling Instructions (check one)**

**Mail Check**

**Hold Check in Office**

**Return Check to Requester**

