

**Check Request Form**

|  |  |
| --- | --- |
| Make check payable to: |  |
| Address: |  |
|  |  |
| Please return check to: |  |
| Please process and mail check before: |  |
|   |  |
| Vendor | Account # | Description | Amount |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Total |  |
| Date: |  | Requested by: |  |
| Program Directors Approval: |  |
| Executive Directors Approval: |  |
|  |  | **Office use only** |
|  |  | **Date Paid** |  |
|  |  | **Check#** |  |
|  |  | **Amount** |  |
|  |  | **Account Code** |  |
|  |  | **Initial** |  |