

Check Request

Requested by:	Date of Request:
Approved by:	
Make Check Payable to:	
I will pick up check: yes no	Phone #:
Please mail check to:	

Description of Purchase	Amount
Check total:	

1. Please include receipts, invoices, check copies (if reimbursement)
2. Please keep photocopies of receipts etc in case of of loss
3. All check requests must be approved by committee chair
4. If vendor needs deposit or advance payment, statement required
5. Checks can be picked up in the office

for internal use only:

check #	Date Issued:
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