



**CHECK REQUEST FORM**

Make Check Payable to:

Please Check if New Address

Address:

Zip

Phone:

( ) Soc Sec # (if applicabl

Amount

\$

\*Region

Distribution of Check:

Mail to Above Address

Other

Purpose of Check (Be specific - Complete all applicable information)

Sector:

Receipts attached on back of form:

YES

NO

If not, please explain:

Requestor:

Date:

Approved by:

Date:

**For Accounting Use Only**

Invoice Number:

Vendor ID

Cost Center:

Period to Post:

Account

Amount

Pay Date

Account

Amount

Check Number

Check Date

Check Amount

Total

Batch #

Ref #

Hand Check Entered