



CHECK REQUEST

Check to be picked up:

Check to be mailed:

Check to be mailed with attachment(s):

Program Name/Account Number: _____

Check Payable to:

Name: _____ Amount: \$ _____

Address: _____ Date Check Requested: _____

City: _____ State: _____ Zip Code: _____ Date Check Needed: _____

Memo for Check:

Explanation of Expenditure: _____

Requested By: _____ Phone Number: _____

E-Mail Address: _____

Approved By: _____

All receipts, invoices or documentation must be attached to this request.

(Please allow 2 weeks for the processing of your request.)