



CHECK REQUEST

Date: _____

Pay to the order of: _____
 (Please print)

Amount of check: _____

Itemize Expenses – Receipts required for reimbursement. Submit receipts with form and maintain copies for personal records.

Description:	Budget Account:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check Requested By

Name: _____	Date Needed: _____
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Disposition of Check

<input type="checkbox"/> Return to requestor	<input type="checkbox"/> Forward to payee	<input type="checkbox"/> Other: _____
<i>Send check to: Name, Address and/or Phone:</i> _____		

Approved By

Signature: _____	Title: _____	Date: _____
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Issued By

Signature: _____	Title: _____	Date: _____	Check #: _____
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