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Check Request Form

Today's Date:

Date Needed:

Please Deliver Check to:

- Requestor
 Mail to Vendor
 Other: _____

Department:

Vendor Name:

Mailing Address:

City:

State:

Zip:

Reason For Check:

Check Amount

Requestors Name:

Please have the department director or manager sign this form before passing to the Accounting Dept.
Thank you

Budget Authorizing Signature

Date

Internal Use Only

G/L Acct #:	Amount Paid	Check No.	Date