



# PNWU

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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