



PNWU

Immediate

Check Request Form

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Today's Date: Date Needed:

Department:

Please Deliver Check to:

- Requestor
- Mail to Vendor
- Other: _____

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

_____ Date
Budget Authorizing Signature

Internal Use Only

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