



**PNWU**

**Immediate**

**Check Request Form**

Pacific Northwest University of Health Sciences  
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Yakima, WA  
USA  
98901  
Phone: 509-452-5100 Fax: 509-452-5101  
www.pnwu.edu

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