

CHECK REQUEST FORM

Instructions: **Check Request:** Please submit documentation at least 10 days prior to date needed.
Reimbursement Request: Attach receipts and submit within 30 days of expense.

DATE: _____

PLEASE PREPARE CHECK AS FOLLOWS:

PAYEE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PURPOSE: _____

DATE CHECK IS NEEDED: _____

CASH ACCOUNT #	EXPENSE ACCOUNT		OPERATING ACCOUNT TO BE CHARGED		AMOUNT
TOTAL:					

SPECIAL INSTRUCTIONS: _____

REQUESTED BY: _____

 NAME (PRINT)

 (SIGNATURE)

****APPROVED BY:**

 NAME (PRINT)

 (SIGNATURE)

****Request MUST be approved by budget area leader.**