

Check Request

Voucher No.: _____

Invoice No.: _____ Vendor No.: _____

Please Complete This Section

Make Check Payable To: _____

Amount: \$ _____

Date Needed: _____

Mail Check

Put check in mailbox of: _____

Other: _____

Reason for Check: _____

Account to Charge: _____

Check Requested By: _____

Date Requested: _____

Approved By: _____

Please attach original receipts or other information.

GL# _____ \$ _____

GL# _____ \$ _____

GL# _____ \$ _____

GL# _____ \$ _____

Business Office Approval: _____

Date entered in Accounts Payable: _____ Initials _____

Date Paid: _____ Check No. _____