



## Check Request Form

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Date \_\_\_\_\_

Make check payable to: \_\_\_\_\_  
(Please highlight)

DO NOT MAIL CHECK

**PLEASE MAIL CHECK TO:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check in payment of:	Amount:	G/L Account

**Total** \_\_\_\_\_

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Allow 1 week for processing. Please keep a copy of the completed form for your department's records.**