

Check Request

Invoice Date _____

Date Needed by _____

Make Check Payable To:

Name/Vendor: _____

Address: _____

- MAIL
- HOLD FOR

Invoice Description

Fund	Program	Account	Item Description:	Amount

TOTAL AMOUNT OF CHECK REQUEST _____

NOTES

Completed By: _____

Date _____

Supervisor Approval: _____

Date _____

ED/CFO Approval: _____

Date _____

FINANCE DEPARTMENT USE

General Ledger Account Distribution

% of Split	FUND	PROGRAM	ACCOUNT	Amount