

**Check Request Form**

Please prepare a check to the following payee:

Payee: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ Date Needed: \_\_\_\_\_

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

<u>Acct. No.</u>	<u>Amount</u>	<u>Acct. No.</u>	<u>Amount</u>
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
Amount totals must equal check amount			

Requested by: \_\_\_\_\_ Date requested: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Please attach supporting documents.

Special Handling: \_\_\_\_\_

Other: \_\_\_\_\_