



CHECK REQUEST FORM

| | |
|------------------|--|
| Amount: \$ _____ | Payee: _____ |
| Date: _____ | Address: _____ _____ _____ |
| | Phone#: _____ |
| Req. By: _____ | Tax I.D. #: _____ |
| Program: _____ | Purpose: _____ _____ |
| Phone/Ext: _____ | Date Needed: _____ |
| Grant #: _____ | Hold for p/u: ↑ Interoffice: ↑ Mail: ↑ |

Program Approval: _____
Name *Signature* *Date*

Back up attached? YES: ↑ VP Approval: _____

| Program Allocation <i>(For Fiscal Dept. Use Only)</i> | | |
|---|------------------|--------|
| Program | Expense Category | Amount |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTE: Form must be filled out completely and attached all backup documents. Check Requests cannot be processed without backup documentation and approval signature(s).