



## CHECK REQUEST FORM

TO: ACCOUNTING OFFICE

FROM:

DATE:

SUBJECT:

REQUESTED AMOUNT:

PAYEE'S NAME:

REMIT CHECK TO:

EXPLANATION:

CHARGE TO:

ACCOUNT NUMBER	AMOUNT

APPROVED BY: \_\_\_\_\_

NOTE:

**PLEASE ATTACH ORIGINAL RECEIPTS**

*(receipts must be itemized and include the method of payment)*

PLEASE SUBMIT A SOCIAL SECURITY AND ADDRESS FOR PAYMENTS MADE TO  
INDIVIDUALS FOR SERVICES RENDERED.  
DO NOT USE THIS FORM FOR SALARY PAYMENTS.