



CHECK REQUEST

Documentation must include: Original check request, original plus one copy of vendor invoice/receipt (unless payment stub provided).

DATE: _____

VENDOR: _____

<input type="checkbox"/> Company
<input type="checkbox"/> Individual Under Independent Contract (Please Attach W-9)

PURPOSE OF EXPENSE (Please include date/s if applicable): _____

DISPOSITION OF CHECK:

☐ MAIL TO PAYEE ☐ HOLD WITH CASHIER ☐ DIRECT DEPOSIT

ACCOUNTING DISTRIBUTION:

<u>GL ACCOUNT NUMBER</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INITIATING PARTY: _____

Please Print

APPROVAL: _____

Please Print Budget Manager

Budget Manager Signature

TOTAL \$

AP OFFICE USE ONLY:

AP TYPE: _____

DATE OF VOUCHER: _____

DATE DUE: _____

VOUCHER #: _____

PLEASE FORWARD TO ACCOUNTS PAYABLE, MAIN HALL, GARDEN LEVEL

Rev 2/01