Check Request

Receipt(s) or Invoice(s) Must Be Attached

Date Requested: _____

Amount: _____

For/Memo: _____

_____

Make Check Out to: _____

Delivery Method (circle one): *hand-deliver* or *mail-to* or *other*

Address/Addl Info: _____

Requested By: _____

Signature: _____

Dept/Fund Name(s): _____

Head Signature(s): _____

_____

------------------------------------ For Treasurer Use ------------------------------------

Check #: _____

Date Paid: _____

Amount Paid: _____

Payee: _____

Charge to Fund(s)

	Amt:
_____	_____
	Amt: _____
_____	_____
	Amt: _____
_____	_____
	Amt: _____
_____	_____

v 5/2023