

Check Request



I am requesting a check for the following:

Vendor Name: _____

Vendor Address: _____

TIN or SSN: _____

Terms: _____

Due Date: ____/____/____

Amount of Check to be issued: \$ _____

PLEASE ATTACH SUPPORTING DOCUMENTATION (IE: INVOICE)

Employee Signature: _____

Manager Signature: _____

Dept/Budget location to be charged: _____

Date: ____/____/____