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: _____/_____/_____