



Check Request Form

When is the check needed?

ASAP No later than ___/___/___ Other _____

Person requesting: _____

Check amount: \$_____

Make check payable to: _____

Payee's address: _____

Payee's city/state/zip: _____

Budget category: _____

Purpose of expenditure: _____

If the item has already been purchased, attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase.

Receipt(s) attached. Receipt(s) will be provided after purchase.

Signature of Requester: _____

For Use by Treasurer

Date Request Received: ___/___/_____

Date Check Prepared: ___/___/_____

Check Number: _____

Mailed Hand Delivered

Date Mailed/Delivered: ___/___/_____

Comments: _____
