

# CHECK REQUEST FORM

This form is to be used only for check requested that do not have an invoice.

Please return forms into the accounts payable wall pocket outside the AP Clerk's office.

Check Amount \_\_\_\_\_ Date Needed \_\_\_\_\_

Pay To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Mail Check?      Yes       No

If No, Who Do We Give the Check To? \_\_\_\_\_

Account Number	Amount
TOTAL	

Business Office Use Only	
Entered Date	
Paid Date	

All check requests received by the close of business on Tuesday will be processed on Thursday. Any requests received after the close of business on Tuesday will not be processed until the following week.

