

CHECK REQUEST FORM

Reimbursement
 Vendor Payment
 Expense Advancement
 Other

Pay to: _____
 Deliver to _____
 Address _____
 City, State, Zip: _____

Date: _____
 Requested By: _____
 Date needed: _____

Purpose/Description	Amount
TOTAL REQUESTED	\$ _____

Receipt(s) attached
 Invoice attached

Note: If item has already been purchased, please attach receipt(s) to this form. Approval signature required on all purchases before the Bookkeeper will issue a check. *Failure to obtain approval may result in purchaser having to incur the expenses.*

Approved by: _____ Amount _____ Date _____

Comments:

For Bookkeeper/Accountant Use

PAYMENT PROCESSED:
 Check # _____
 Date: / /
 Amount: \$ _____

Processed by: _____