



Check Request Form

Please note: If this is for a reimbursement, receipts must be attached.

Requestor: _____

Payee name: _____

Payee address (*only if new payee*): _____

Amount of check: _____

Payment due date: _____

Reason for check: _____

General ledger shortcut number: _____

General ledger account name: _____

Check memo: _____

Approval Signatures

Budget Manager: _____ Date: _____

Principal/Director: _____ Date: _____

Please check one:

Return check to: _____

Mail check to vendor