

CHECK REQUEST FORM

PAYMENT INFORMATION

Request Date : _____

Payable to : _____

Payee Address : _____

Amount : _____

Expense Account # : _____

Purpose : _____

Requested by : _____

Department : _____

Authorized by : _____

Delivery Method : _____

Additional Detail : _____

FOR FINANCE OFFICE USE ONLY

Check/EFT Number : _____

Payment Date : _____

Issued by : _____

Checking Account : _____

Dept/Office # : _____