



CHECK REQUEST

TODAY'S DATE: _____

SECTION : _____ SEC.# _____ W-9/W-8 ATTACHED

REASON FOR CHECK: INVOICE PAYMENT REFUND REIMBURSEMENT OTHER

PREPARE A CHECK IN THE AMOUNT OF : \$ _____

CHECK PAYABLE TO: _____

ADDRESS:

PURPOSE: _____

(ATTACH SUPPORTING DOCUMENTS WHEN APPLICABLE)

ACCOUNTS TO BE CHARGED:

ACCT #:	<input type="text"/>	\$ _____	<input type="text"/>
	NATURAL DEPT PROGRAM		ACCOUNT DESCRIPTION
ACCT #:	<input type="text"/>	\$ _____	<input type="text"/>
	NATURAL DEPT PROGRAM		ACCOUNT DESCRIPTION
ACCT #:	<input type="text"/>	\$ _____	<input type="text"/>
	NATURAL DEPT PROGRAM		ACCOUNT DESCRIPTION
ACCT #:	<input type="text"/>	\$ _____	<input type="text"/>
	NATURAL DEPT PROGRAM		ACCOUNT DESCRIPTION

SPECIAL INSTRUCTIONS

PERCENTAGE OF COST ATTRIBUTED TO LOBBYING: (enter zero if zero)

VENDOR NO: REQUESTED BY: _____

CHECK NO: DEPARTMENT SUPERVISOR: _____

A/P INITIALS: ASSOC. EXECUTIVE DIRECTOR: _____

DATE: