



Check Request

PLEASE NOTE: This form should not be used for payments to employees in any event, nor should it be used to pay invoices to commonly used vendors.

| Applicant Information | | | |
|--------------------------|--|---------------------------|--|
| | | Request Date: | |
| Payee Name: | | Account number to Charge: | |
| Payee Address and phone: | | Amount: | |

- Budget Item
 New Vendor
 Independent Contractor
 Non-Budget Item

Supervisor: _____ Department: _____

Purchase Description:

Approval

Department Head Name and Signature *Date*

CFO Signature *Date*

This section to be completed by Accounts Payable

Notes:

| Date Paid | Check # | Amount | |
|-----------|---------|--------|--|
| | | | |