CHECK REQUEST

PAYABLE TO EMPLOYEE

Name: _____ Department:_____

PAYABLE TO VENDOR

Name: _____

Address: _____

_____

_____

PAYMENT DESCRIPTION (attach all receipts)

Reason for Check	Amount
Total Check Amount	**$**

MANAGEMENT USE

Expense Account

_____

_____

_____

_____

_____

Amount

_____

_____

_____

_____

_____

Approved by:_____

Date:_____