

	CHECK Requisition
	CASH Requisition
	STAMP Requisition

## **CHECK REQUEST FORM**

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Payee:			Prepayment					
Attn:			Mail Check					
Address:			Mail Attached w/Check					
City, State & Zip				Return Check to:				
				Will Pick Up Che	ck			
Federal Tax ID#				Due Date:				
If check is payable to an individual, we must have his/her Social Security Number and address before a check can be issued:								
INVOICE#	INVOICE DATE		DESCRIPTION		AMOUNT			
				TOTAL				
	T	1 1						
Account #:		Amount \$:		Cash Rec'd By:				
Account #:		Amount \$:		Date Rec'd:				
Account #:		Amount \$:						
Department: Requester: Date:								
Approved:			Date:		Bute.			
YES NO Supporting Documentation Attached to Request								
(PLEASE DEDUCT TAXES FROM ALL REQUESTS)								
Business Office Use Only: Voucher: Date:								