CHECK REQUEST

Type of Request (check one): ☐ Payment for approved purchase
☐ Advance for approved purchase

Date: _____ Requested by: _____

Amount $_____ Department: _____

Required When: _____ Mail Check: Yes ☐ No ☐

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ -_____

Reason for Check: _____

_____

(Attach original receipts/invoices with this form)

Approved by: _____ Date: _____

For Office Use Only:

Check # _____ Date of Check: _____

Account: _____ Class: _____

Advance Clearing

Receipts Attached	Amount
Total Receipts:	
Cash Received Back:	
Total:	
Advanced Amount:	
Amount Due (if expense exceeded advance:	

If expense exceeded advance:

Clearing check #: _____ Date of Check: _____

Account: _____ Class: _____