

CHECK REQUEST

Check writes will be done on the 15th and the end of the month

SG #: _____ VENDOR #: _____

NAME OF PAYEE: _____ DATE: _____

ADDRESS: _____ ZIP: _____

MAIL OR GIVE CHECK TO: _____

CHECK AMOUNT
\$ _____

G/L ACCOUNT DISTRIBUTION

ACCT. # _____ AMT. \$ _____

ACCT. # _____ AMT. \$ _____

ACCT. # _____ AMT. \$ _____ ACCT. # _____ AMT. \$ _____

ACCT. # _____ AMT. \$ _____ ACCT. # _____ AMT. \$ _____

ACCT. # _____ AMT. \$ _____ ACCT. # _____ AMT. \$ _____

PURPOSE: _____

DATE NEEDED: _____ REQUESTED BY: _____ APPROVED BY: _____