CHECK REQUEST

REQUESTOR: _____ DATE: _____

TITLE: _____

PAYEE INFORMATION:

SUPPLIER: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY, STATE, ZIP: _____

INVOICE INFORMATION:

REASON FOR EXPEDITURE: _____

INVOICE NUMBER (IF APPLICABLE): _____

CHECK DISTRIBUTION: ◯ MAIL ◯ MAIL W/ENCLOSURES ◯ PICK-UP ◯ ACH

ACCOUNTING INFORMATION:

COMPANY (XXX)	COST CENTER (XXXX)	LOCATION (XXXXX)	DEPARTMENT (XXXX)	ACCOUNT (XXXXXX)	APF (XXX)	CHANNEL (X)	PROJECT (XXXXXX)	INTERCOMPANY (XXX)	FUTURE1 (XXXXX)	FUTURE2 (XXXXX)	AMOUNT

INVOICE AMOUNT TO BE PAID: $0.00

AUTHORIZATION:

AUTHORIZING SIGNATURE: _____ DATE: _____

TITLE: _____

PHONE: _____

LOCAL FINANCE USE ONLY:

AUTHORIZING SIGNATURE: _____ DATE: _____

TITLE: _____

PHONE: _____