



Check Request

Name of Payee/Vendor: _____

Address of Payee/Vendor: _____

SSN (If Applicable): _____

Total Amount of Payment: _____

Date Check is Needed: _____

Please indicate preferred Check Delivery Method:

_____ Mail Check Directly to Address Above

_____ Pick Up Check: Name: _____ Contact Number: _____

_____ Direct Deposit if set up

Description of Request: _____

Cost Center & Expense Acct: _____

Requested By: _____

Approved By: _____

Date: _____

Date: _____

Please Note: This form should not be used to reimburse expenses, request cash advances, or supplement invoices. For further clarification, please refer to the "Instructions" and "Sample" Tabs of this document.