CHECK REQUEST FORM

All lines must be completed

DATE OF REQUEST _____

PAYEE _____

PURPOSE _____

Expense Description	Account Code (to be completed by Admin/Fin/Com)	**Amount**

TOTAL AMOUNT _____

Requestor
Signature REQUIRED _____

NEED TO RECEIVE BY DATE _____

RETURN TO REQUESTOR OR MAIL? RtR Mail _____

Approved/Reviewed by
(budget/fund administrator) _____

Documents attached? NO YES _____
pages

* *

Approved/Reviewed by
(Admin/FinCom) _____