## **Check Request**

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Date of	f request:	Amount r	equested:	Date of request:	Amount	equested:	
		D	ate needed:	_	D	ate needed:	
Make check payable to:				Make check payable to:			
Name(s):				Name(s):			
Addres	ss:			Address:			
City/State:Zip:				City/State:	City/State:Zip:		
Reason for issue:				Reason for issue:			
Explanation and instructions for check dispersal:				Explanation and instructions for check dispersal:			
Requested by: Approved by: Dept.#:					Requested by: Approved by: Dept.#:		
•							
	Accounting Use			Accounting Use			
	Charge - Acco	unt Name/No.	Amount	Charge - Accoun	it Name/No.	Amount	
	Check No	Dated /	Approved by	Check No	_ Dated	Approved by	