

Check Request



Payee Information

Date _____ Payable to _____ Vendor ID _____

Mailing Address _____
Street Address or PO Box City State ZIP

Reason for Payment _____

Subtotal _____

Sales Tax _____

Total Check Amount _____

Requested by Name _____ Date _____

Approved by Signature _____ Date _____

Administration Staff

Accounting Manager /
VP of Finance Signature _____ Date _____

VP of Finance /
President Signature _____ Date _____

Sales Tax Account # 1-897-9100-999-5391

1-897-9100-999-5392

8 0° _____

G/L Account # _____

G/L Account # _____

Check # _____

Date Paid _____