

# CHECK REQUEST

DATE: \_\_\_\_\_ DUE DATE: \_\_\_\_\_  
VENDOR: \_\_\_\_\_ VOUCHER NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ RETURN CHECK TO: \_\_\_\_\_  
\_\_\_\_\_

STANDARD CHECK REQUEST

All support must be attached

ADVANCE CHECK REQUEST

All support must be returned to the Business Office within 5 business days of the funds being used

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BUDGET NO:	DESCRIPTION:	AMOUNT:
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Total:

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REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTOR'S  
E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_