



**CHECK REQUEST
FISCAL YEAR 2023-2024**

! Please specify the purpose of payment and attach appropriate supporting documents to the back of this request. Request will be returned to you if supporting documentation, necessary information, or proper authorization is missing. !

DESCRIPTION: _____

DATE: _____

PAYABLE TO: _____

Address is on file

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY, STATE, ZIP: _____

PROGRAM/ACTIVITY	AMOUNT	PAYMENT FOR SERVICES?	SUPPORTING DOCUMENTATION	
____ - ____	\$ _____	<input type="checkbox"/> Yes	Have you attached documentation?	Yes
____ - ____	\$ _____	<input type="checkbox"/> Yes	Have you attached documentation?	Yes
____ - ____	\$ _____	<input type="checkbox"/> Yes	Have you attached documentation?	Yes
CHECK TOTAL	\$ _____			

SS# ____ - ____ - ____ *If this payment is to an individual for services, provide individual's social security number. Be sure to indicate the amount payable for services by marking the "Yes" box in the "Payment for Services" column above.*

RECURRING PAYMENT *If payment is recurring, check here and provide payment information below.*

From: _____ To: _____ Frequency: _____

PRINT NAME

PRINT NAME

SIGNATURE

ADDITIONAL SIGNATURE (IF REQUIRED)

Check will be mailed to above vendor. Exceptions must be approved by the VP, Finance & Administration.

Please include attachments with payment.