



ESTABLISHED 1794

CHECK REQUEST

Check Request must be filled out in its entirety. Any missing information may result in delayed payment. A completed W-9 must accompany check request for non-employees.

DATE: _____

Please issue current/agency fund check to: _____ Amount \$ _____ (please print)

Address (required): _____

DEBIT ACCOUNT _____ DATE NEEDED* _____

*Please be advised – Requests need to be turned in on Tuesdays by 5:00 pm with all approvals to be processed for the following Friday.

For: _____

Approvals:

Originator _____ Division Director _____
Vice President _____ VP/CFO _____
President _____ (if over \$1,000)