

Request Information			
Requested By:	Today's Date:		
Payable To:	Date Required:		
Address:	City:	State:	Zip:
Instructions: <input type="checkbox"/> Return to Originator <input type="checkbox"/> Mail to Payee <input type="checkbox"/> Mail to Payee with Attached Documents (Please attach original and one copy.)	Additional Instructions:		

Payment Description	
Reason for Check:	Amount:
Total:	

Authorizations		
Requestor Signature:	Print Name:	Date
Director Signature:	Print Name:	Date
Finance Signature:	Print Name:	Date

Attach all original receipts & pertinent documentation. Make sure that receipts total amount requested.