

# CHECK REQUEST FORM

**PAYEE:** \_\_\_\_\_

**CHECK AMOUNT:** \_\_\_\_\_

**DESCRIPTION:** \_\_\_\_\_

**GL ACCT#** \_\_\_\_\_

**GL ACCT#** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEPT HEAD APPROVAL:** \_\_\_\_\_