

CHECK REQUEST FORM (General Use)

Request Date: _____	Invoice/Stmt Date: _____	When Due: <input type="checkbox"/> Due Upon Receipt <input type="checkbox"/> Due Date: ___ / ___ / 200 ___ <small>(MO) (DAY) (YR)</small>
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DISTRIBUTE TOTAL EXPENSES AS FOLLOWS:					
5	Acct #	Main Acct Name	Sub Acct Name	Amount	Memo (What did you buy?)
5	40	520	<i>Admin</i>	<i>Admin-ink Cartridges</i>	<i>14.00</i> <i>4 ea laser ink cartridges</i>
AMOUNT OF CHECK				(Use a second page if more lines needed)	

All items within budgeted amount Some/all items not budgeted and/or exceed budgeted amount explain: _____

Remarks/Purpose: _____

Check Processing Information:

Use company name and address on attached receipt(s) Use the following:

Payee Name _____

Hold Check for pickup Mail to Payee at company address Mail to the following:

Mail to Name _____

Street _____

City _____ State _____ Zip _____

Requested by: _____

Approved by: _____

(If Required) Recurring Budgeted Item no approval needed

For Accounting Use Only:

PAYEES: Check #: _____ Check Date: _____ Transaction # _____

By: _____

PAYABLES: Post Transaction # _____ Date Occurred: _____

By: _____

Payment Acct # 2.____ Transaction # _____ Check #: _____

By: _____ Ck Date: _____