



REQUEST FOR CHECK

Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Amount: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

MAILING POINT IF OTHER THAN ABOVE:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Process:  Immediately  
 Regular Weekly Payables

EXPLANATION	Account No.	Amount

Requested By: \_\_\_\_\_ Approved By: \_\_\_\_\_