



Check Request Form

Your Name: _____

Today's Date: _____

Date Needed: _____
(allow 1 week)

Reason for Check: _____

Make Check To: _____

Amount: _____

Memo Line: _____

Budget or
Fund to Charge: _____

Check Distribution: _____

_____ Return to requester.

_____ Return to Secretary.

_____ Mail to: _____

(will be sent via _____

electronic banking _____

and may take up to _____

1 week to process) _____

Signature: _____