



# CHECK REQUISITION

Date \_\_\_\_\_ \$ \_\_\_\_\_

Payable to \_\_\_\_\_

Address \_\_\_\_\_

Check Notation \_\_\_\_\_

Explanation \_\_\_\_\_

Requested by \_\_\_\_\_

Authorized Signature

Department

Check Disposition:

Mail

Return to

Name

Ext

Attach Papers & Mail

Hold For Pick Up

Name

Ext

Give deadline, if any \_\_\_\_\_

Date

Hour

Charge Acct. \_\_\_\_\_

Approved \_\_\_\_\_

## ACCOUNTING OFFICE USE ONLY

Vendor #

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Acct.#                      Cost Contr.                      Subledger #                      Amount                      Check Description                      1099

1						
2						
3						
4						
5						
6						
7						
8						

Prepared by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Voucher # \_\_\_\_\_