

# CHECK REQUEST

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

PAYABLE TO: \_\_\_\_\_ A# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	AMOUNT	INDEX	COMMODITY	ACCOUNT
ACCOUNT TO BE CHARGED:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

EXPLANATION OF PAYMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE ITEMS/SERVICE RECEIVED: \_\_\_\_\_

*I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.*

CLAIMANT SIGNATURE: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ALL CHECK REQUESTS FOR REIMBURSEMENT MUST INCLUDE ORIGINAL ITEMIZED RECEIPTS (no photocopies), PROOF OF PAYMENT, AND DATE GOODS OR SERVICES WERE RECEIVED, BEFORE A CHECK WILL BE PROCESSED.

PREPARED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_