



CHECK REQUEST

As documented by attached information, check disbursement requested for:

Submitted By (staff person):	
Date:	
Vendor:	
Attention:	
Address:	
Town/State/Zip:	
Tax ID #:	
Purchase Order #: (if applicable)	

Purposes/Items/Services	Quantity	Cost @	Total
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Approval			
Program		Fiscal Officer	
Project		Date	
Budget Item		Check #	
By		Date	
Position		Bookkeeper	
Date		Date	