



## 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: \_\_\_\_\_