

CHECK REQUEST

SECTION NAME: W. Idaho SECTION NUMBER: 621

Today's Date: _____ For The Pay Date Of: _____

Is Customer a 1099 Vendor? yes no 1099 Vendor Social Security # _____

Please Issue Check To: _____ Please Mail Check To: (If different) _____

INVOICE INFORMATION:

Invoice Date: _____ Invoice Number: _____ Invoice Amount: \$ _____

EXPLANATION OR BUSINESS PURPOSE OF REQUEST:

* PLEASE ATTACH A COPY OF THE ORIGINAL INVOICE OR OTHER DOCUMENTATION AS SUPPORT FOR THIS PAYMENT.

Requested by: _____ Date: _____
(Officer or Authorized Individual)

Approved by: _____ Date: _____
(Chief, or Section Officer in absence of Chief)

**** FOR TREASURERS USE ONLY ****

COST CENTER	ACCOUNT NUMBER	AMOUNT
CHECK AMOUNT		

PLEASE ALLOCATE PAYMENT TO THE APPROPRIATE ACCOUNT NUMBERS.

CREDIT AMOUNTS SHOULD BE WRITTEN AS BRACKETED NUMBERS.

CHECK INFORMATION:

Check Date: _____ Check Number: _____

This expenditure is: _____ Reviewed By: _____ Date: _____
(Treasurer - optional)

- Budgeted
- Unbudgeted