- A/P CHECK REQUEST FORM

Date Requested _____

Date Needed _____

Pay to the Order Of _____

Vendor ID# (if known) _____   1099 Req'd (W-9 on file)   Y or N
                                                                    if no, send or request one

Amount Requested _____

Address (New Vendor) _____

_____

_____

Phone Number (for Fedex*) _____

Explanation for request _____

_____

_____

(check one)   **Regular Mail** _____   ***FedEx** (include phone #) _____

Return to Requestor _____   **Other** _____

ACCOUNTING CODES

Account #	Sub Acct. #	Amt.
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: CHECK REQUEST FORMS NEED TO BE SUBMITTED <u>BY 11:30 AM</u> IN ORDER TO BE PROCESSED BY 3:00 PM THE SAME DAY OR IT WILL BE PROCESSED THE NEXT AFTERNOON.

Office use:

Requested by: _____   Check # _____

Approved by: _____   Batch # _____