## **Check Request**

Association N	ame:			ADMIN USE ONLY
Procedure:				
1.	Please fill out form <u>completely.</u>			Date received:
2.	Please attach original receipt(s) or bill.			Admin's Initials
3.	If this is a RUS	H please hand direc	tly to the accountant to ensure it	is processed right
	away			
***CHECK RE	QUEST <u>MUST</u> I	BE SUBMITTED B	Y 10:30AM WEDNESDAY TO H	IAVE A CHECK
PROCESSED ON THURSDAY. BILL MUST BE ATTACHED.				ACCOUNTING USE ONLY
				Date received:
***RUSH:	YES	Processor's Initials		
Date Given to A	ccounting:			
Manager's signa	nture:			
CHECK REQU	<u>EST</u> :			
Vendor:	Name			
	Address			
	City-state-zip			
Purpose of check	k request:			
ACCOUNT INF	ORMATION:			
Expense Acct. to debit	Amount	Invoice #	Notes	
	1		1	

to debit		