Check Request Form

Payee Name: 

Amount of Check: ________

Date Check is: Requested: ________ Needed: ________

Fund # - Department # - Account #: __________________________.

Verification that adequate budgeted funds are available in the above account, verified by (sign name) on (show date):

__________________________

signature

date budgeted funds were verified

Check Disposition:

Mail to the following address: or contact name and number for pick-up:

Attn: ____________________________

__________________________

Purpose of Check: conference registration/travel __ utilities __ dues/memberships __ publications/periodicals __ reimbursement (other than for travel) __ group meals (ie: jury) __ tags & titles __ officiating games __ refunds __ other: ____________________________

If this transaction requires a purchase order in accordance with County Policy, explain why a check is being requested: ____________________________.

SUPPORTING DOCUMENTATION MUST BE ATTACHED TO FORM

The employees signing below acknowledge that they will be subject to disciplinary action in the event that any amounts being requested above do not have adequate budgeted funding.

Signature of Person Requesting Check: ____________________________

Signature of Person Authorizing Check: ____________________________

This section used for processing: