CHECK REQUEST

DATE: _____

COMPANY NAME: _____

VENDOR #: _____

PAYEE: _____

ADDRESS: _____

_____

_____

P.O. #: _____

INVOICE #: _____

INVOICE DATE: _____

CHECK AMOUNT: _____

DESCRIPTION: _____

_____

_____

DUE DATE: _____

ACCOUNT#	AMOUNT
_____	_____
_____	_____
_____	_____

RETURN TO: _____

APPROVED BY: _____