

CHECK REQUEST FORM

Request Number: _____ Department: _____

Requestor Information:

Full Name: _____

Employee ID: _____ Phone: _____

Email: _____

Payee Information:

Payee Name: _____

Address: _____

Phone: _____

Email: _____

Payment Details:

Amount Requested: _____ USD

Purpose of Payment: _____

Invoice/Reference Number: _____

Payment Method:

Check Mail Direct Deposit Other: _____

Approvals:

Supervisor/Manager Name: _____

Signature: _____ Date: _____

Finance Department Approval: _____

Signature: _____ Date: _____

Supporting Documentation Checklist:

- Invoice attached
- Purchase order attached
- Contract or agreement attached
- Other documentation attached (specify below)

Additional Notes:

Legal Compliance and Terms:

By submitting this Check Request Form, the Requestor certifies that all information provided is true and accurate to the best of their knowledge. The requested payment is for legitimate business expenses compliant with all applicable United States federal, state, and local laws and regulations. Requestor acknowledges that falsification of information may result in disciplinary action, including termination and legal penalties. Payments made pursuant to this request are subject to review and approval by authorized personnel and finance department policies. All approvals must be obtained prior to the issuance of payment. The finance department reserves the right to reject or delay payment for incomplete or non-compliant requests.

Requestor Signature

Supervisor/Manager Signature

Signature: _____

Signature: _____

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