



everychild. one voice.

Check Request

Select One:

- Vendor Payment
- Expense Reimbursement

For Internal Use Only	
CHK #	_____
AMT	_____
DATE	_____
ACCT	_____

Request Date: _____

Requestor: _____

Email: _____

Phone: _____

	Expense Description	Amount	Purpose/Event
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____

TOTAL (including tax): _____

CHECK PAYABLE TO: _____

DATE CHECK REQUIRED: _____

Select One: Return Check to Requestor

Mail Check to vendor
(with attached invoice) _____

SIGNATURES:

_____	_____
Requestor	Date
_____	_____
Approval 1	Date
_____	_____
Approval 2	Date

Please attach receipts in order to receive reimbursement
Please place request in Check Processing folder