

Check Request Form (effective 8/8/08)

Date of Request:

Requested by:

Authorized by:

Amount Requested:

Date Check Required by:

Reason for Request:

Payable to:

Address of Payee:

City, State, Zipcode:

If for a mishap:

Attach a copy of the original invoice.

Attach a copy of the paid out refund authorization form (dated 7-25-08) with the customer's signature.

Main Office use only: GL #

G:\DATA\ACCOUNT\MEMOS\[Check Request Form 8-8-08.xls]Check Request Form