



Check Request

DATE REQUESTED:		DATE NEEDED:	
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PAYEE :	
ADDRESS:	
TAX I.D. :	

AMOUNT REQUESTED:	FUNDING SOURCE:
ON BEHALF OF RECIPIENT:	
PARENT NAME:	

REASON FOR DISBURSEMENT:	
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REQUESTER - SIGNATURE PRINTED NAME DATE

SUPERVISOR - SIGNATURE DATE

PROGRAM DIRECTOR - SIGNATURE DATE

APPROVING AUTHORITY SIGNATURE

DATE _____

DETERMINATION: APPROVED ☐ DENIED ☐

FISCAL AUTHORIZATION TITLE DATE

Fiscal use only:

Check # _____ Check Date _____

Company.Center.Program.GL.ServiceCode

Amount Approved