

**REQUEST FOR CHECK**

*(Type or Print)*

CCMC     CKHS  
 DCMH     OTHER \_\_\_\_\_

Department \_\_\_\_\_ Podiatry \_\_\_\_\_

Date Requested \_\_\_\_\_

Mail to Payee  
 Forward to Requestor at \_\_\_\_\_  
 Mail Attachment in addition to original documents, attach copies for mailing w/ check

Payable to: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tax ID # \_\_\_\_\_  
 Social Security # \_\_\_\_\_

REASON FOR CHECK	ACCOUNT TO BE CHARGED																AMOUNT	
	1	5	0	6	-	8	0	3	5	0	2	-	7	2	0	0	0	
	1	5	0	6	-	8	0	3	5	0	2	-						
	1	5	0	6	-	8	0	3	5	0	2	-						
<b>TOTAL</b>																		

Requestor \_\_\_\_\_ Approval \_\_\_\_\_  
Department Head

Print Name Caitlin Kelley Extension 6354 \_\_\_\_\_  
Administrative (Required if over \$5000)

Please Note: All check requests received by Friday of a given week, as determined by the electronic date stamp in Accounts Payable, will be processed and paid no later than the following Friday.