



CHECK REQUEST FORM

Please print clearly

Today's Date: _____ Check amount: _____

Issue Check to: _____

Mail Check to:

Street: _____

City: _____ State: _____ Zip: _____

Check recipient social security number or Tax ID # _____

Only fill out on first Check Request Form

This payment is for the following goods/services:

Date goods/services provided: _____

Board member approval by:

(print name)

(signature)

.....

for official use only

Check # _____ Date Paid _____