

# Check Request Form

**Payee Name :** \_\_\_\_\_.

**Amount of Check:** \_\_\_\_\_

Date Check is: Requested: \_\_\_\_\_ Needed: \_\_\_\_\_.

Fund # - Department # - Account #: \_\_\_\_\_.

Verification that adequate budgeted funds are available in the above account, verified by (sign name) on (show date):

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date budgeted funds were verified*

**Check Disposition:**

Mail to the following address: \_\_\_\_\_ or \_\_\_\_\_ contact name and number for pick-up:

**Attn:** \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Purpose of Check:** \_\_conference registration/travel\_\_utilities\_\_dues/memberships\_\_publications/periodicals  
\_\_reimbursements (*other than for travel*)\_\_group meals(ie:jury)\_\_tags & title\_\_officiating games\_\_refunds  
\_\_other:\_\_\_\_\_.

If this transaction requires a purchase order in accordance with County Policy, explain why a check is being requested: \_\_\_\_\_.

**SUPPORTING DOCUMENTATION MUST BE ATTACHED TO FORM**

The employees signing below acknowledge that they will be subject to disciplinary action in the event that any amounts being requested above do not have adequate budgeted funding.

**Signature of Person Requesting Check:** \_\_\_\_\_.

**Signature of Person Authorizing Check:** \_\_\_\_\_.

**This section used for processing:**