|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AH-Logo-BW-sm  Accounting Department | | CHECK  REQUISITION  Vendor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoice #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inv. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Section I: Request Information** *(Please Print)* | | |  | | |
| Requested by: | | | Phone Ext.: | | |
| Signature: | Date: December 28, 2021 | | Cost. Ctr. No.: | | |
| Department: Accounting | | | | | |
| Section II: Check Information *(Please Print)*  Make Check Payable To: | | | | | |
| Name | | | | | |
| Address: | | | | | |
| City/State/Zip | | | | | |
| **Amount:** | | | | **$** | |
| Purpose or Explanation *(Please Print)* | | | | | |
|  | | | | | |
|  | | | | | |
| *Select One:*  Mail Check  Mail Check w/ Documentation  Program will pick check up  (Internal Request) Hold Per: *(Please Print)*  President or Vice President must sign all requests over $500, or if requested by a Division/Dept. Director. Documentation and signatures are required before the request can be processed for payment. If documentation is unavailable at this time, it must be submitted within 5 working days of check date.  *General Policy: Check will be released depending on agency financial status.*  Section III: Approvals *(Signatures-Note: Person requesting check does not sign approval.)* | | | | | |
| Supervisor: | | | | Date: | |
| Division Director: | | | | Date: | |
| President/ Vice President: | | | | Date: | |

**Section IV: Itemization**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program** | **Account** | **Grant** | **Amount** | **Program** | **Account** | **Grant** | **Amount** |
| **a.** |  |  |  | **e.** |  |  |  |
| **b.** |  |  |  | **f.** |  |  |  |
| **c.** |  |  |  | **g.** |  |  |  |
| **d.** |  |  |  | **h.** |  |  |  |

**Accounting Department Use Only**

**CODE: 1st CK: Enter: 2nd CK:**