|  |  |
| --- | --- |
| AH-Logo-BW-sm Accounting Department  | CHECKREQUISITIONVendor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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:**