

# CHECK REQUEST FORM

Check requests are to be submitted to Administrative Assistant at PMHS (allow 24 hours notice). Please be sure to include the appropriate documentation - i.e., receipts, invoices, etc.

**DATE:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_

**CHECK PAYABLE TO:** \_\_\_\_\_

**AMOUNT OF CHECK:** \$ \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_  
Name (Print) Signature

**AUTHORIZED BY:** \_\_\_\_\_  
Name (Print) Signature

**Description/Comments:**

\*\*\*\*\*

## OFFICE USE ONLY

**Date:** \_\_\_\_\_

**Check:** # \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Debit PMHS Activity A/C:** \_\_\_\_\_ **If applicable, reimburse from General Fund A/C:** # \_\_\_\_\_