

## CHECK REQUEST

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

PAYABLE TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ITEM	ACCOUNT	AMOUNT	
	Tax		
	Insurance		
	Shipping		
	TOTAL		
MAIL <input type="checkbox"/> WILL CALL <input type="checkbox"/> WAITING <input type="checkbox"/>	PREPARED BY	APPROVED BY	
Deliver to			

- Accounting, please mail to above address with attached order form.
- Please sign and forward to Accounting Department.

Please enter account number *on check*.

Cost Center \_\_\_\_\_