



**HCDA**

# CHECK REQUEST FORM

Date Needed: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payable to: \_\_\_\_\_

Return to Requestor

Mail to Payee:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Payment to vendor (attach original invoice(s) with mailing address on it)

Reimbursement (attach original receipts or print screens showing named items, vendor name and total amount). List in area below

| Vendor | Amount | Budget Item | Purpose |
|--------|--------|-------------|---------|
|        |        |             |         |
|        |        |             |         |
|        |        |             |         |
|        |        |             |         |
|        |        |             |         |

Requestor Signature: \_\_\_\_\_

**TREASURER USE ONLY**

Date Received: \_\_\_\_\_ Via: \_\_\_\_\_

Check Issued: \_\_\_\_\_ Check # \_\_\_\_\_