



PURCHASE / CHECK REQUEST FORM

Check One: Purchase Request ____ Check Request ____

General Information

Payable to: _____ New Vendor Setup Required? ____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Date Required (Please allow 5-7 days for processing): _____ Total Amount: \$ _____
Mail check? Yes / No Account: _____
Budget: _____
Purpose: _____

ACCOUNT DISTRIBUTION

Item(s) Purchased	Account/Item #	Description	Amount
			\$
		Sub-Total	
		S&H	
		Tax	
		TOTAL	

Request By: _____ Date: _____
Approved By: _____ Date: _____
Vendor Setup Approval: _____ Date: _____

----- FOR FINANCE OFFICE USE ONLY -----

Form 1099 (payee)* _____
*Obtain Form W-9 from payee

Comments: _____

Check Prepared By: _____
Date Paid: _____
Check Number: _____
Entered: _____