



DATE: _____

Rsvl Agency-13

Ozark Agency-33

AGENCY CHECK REQUEST FORM

This form is to be used for Agency funds only. It must be submitted to the Accounting Office located at 404 N El Paso Room 119 verification. The Accounting Office will forward the check request to Accounts Payable.

Supporting documentation **MUST** be attached to the Request for Check Form OR

If no invoice is available, this form **MUST** be signed by the Payee and a memo submitted as documentation

Check Requested By: _____
(Agency/Club Name)

Fund (begins with 8)

Account (usually 240200)

The vendor block must be completed before check request will be processed.

T _____
Vendor Number/T Number Vendor Address No.

Check Payable To: _____

Vendor Address (Required): _____

Check Box for Pickup Email Address for Notifications _____

Description of Services/Goods OR Reason for Payment: _____

Amount of Check \$ _____

Requested By & Date: _____
(Signature)

Approval Signature: _____
(Sign & Date)

Signature of Payee: _____
(If required. See above)

Checks must be picked up by the payee only. Checks will be mailed if not picked up within a week of the issue date..