



CHECK REQUEST

Section Name: Greater El Paso

Section Number: 1401

Today's Date: _____

For the Pay Date of: _____

Is Customer a 1099 Vendor? Yes [] No []

1099 Vendor Social Security# _____

Please Issue Check To:

Please Mail Check To (if different):

Invoice Information:

Invoice Date: _____ Invoice Number: _____ Invoice Amount: _____

Explanation or business purpose of request:

*** PLEASE ATTACH A COPY OF THE ORIGINAL INVOICE OR OTHER DOCUMENTATION AS SUPPORT FOR THIS PAYMENT**

(Additional Section Officer if required) Date

Requested by: _____
(Section Officer) Date

Approved by: _____
(Chair or Section Officer in absence of Chair) Date

**** FOR TREASURERS USE ONLY ****

COST CENTER	ACCOUNT NUMBER	AMOUNT \$
CHECK AMOUNT		

PLEASE ALLOCATE PAYMENT TO THE APPROPRIATE ACCOUNT NUMBERS

CREDIT AMOUNTS SHOULD BE WRITTEN AS BRACKETED NUMBERS

Check Information

This expenditure is:

Check Date: _____ Check Number: _____

- Budgeted
- Unbudgeted

Reviewed by: _____
(Section Treasurer Initials) Date