

OLGC CHECK REQUEST FORM

Today's Date

Requested By

Department

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Check needed by:

Pay to:

Name:

Company:

Address:

City, State, Zip:

Phone:

When check is ready:

_____ Return check and invoice

_____ Hold check, will pick up

_____ Mail check to address at left

Amount: \$

Please attach original receipts/invoice

Description:

Account #
(Required)

Description/Comments

Amount

Total

Approved By:
