

Check Request Form

Check request for payment to US Company, institution, or individual in US Dollars only.
A check request is not required to accompany a vendor invoice.

Association: IADR AADOCR

Date: _____

Pay To: _____

Mailing Address: _____

SS #: _____
 If the check request is for a new individual vendor, mailing address and Social Security number must be provided, for new corporate/institutional vendors please provide a Form W-9.

Amount: _____

Description: _____

GL Account: _____
 If unsure leave blank to be completed by Finance

Requested By:	Approved By:
Name: _____	_____
Date: _____	_____