



# VENDOR CHECK REQUEST FORM

\*Revised August 2024\*

**ACCOUNT #:** \_\_\_\_\_

**COST:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**COST:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**COST:** \_\_\_\_\_

QUANTITY	ITEM #	ITEM DESCRIPTION	COST PER ITEM	TOTAL COST
<b>SUBTOTAL</b>				
<b>SHIPPING</b>				
<b>TOTAL</b>				

**VENDOR INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**\*ITEMIZED INVOICE OR RECEIPT MUST BE SUBMITTED WITH THIS FORM\***