VENDOR CHECK REQUEST FORM

Revised August 2024

ACCOUNT #: _____ **COST:** _____

ACCOUNT #: _____ **COST:** _____

ACCOUNT #: _____ **COST:** _____

QUANTITY	ITEM #	ITEM DESCRIPTION	COST PER ITEM	TOTAL COST
			SUBTOTAL	
			SHIPPING	
			TOTAL	

VENDOR INFORMATION:

_____

_____

_____

_____

_____

DATE: _____

REQUESTED BY: _____

APPROVED BY: _____

ITEMIZED INVOICE OR RECEIPT MUST BE SUBMITTED WITH THIS FORM