

Date: _____

CHECK REQUEST

Make Check Payable To:

Name: _____ Company _____

Address: _____ City, State, Zip: _____

Account	Description	Receipt Total
(Note: Mileage rate is .585)		TOTAL

Requested by: _____ Approved by: _____

Please attach invoices/receipts!

R:\PCC Office\Various Office Forms\Check Request Form.doc

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