

# Check Request



Date Requested:

Check Payable To:

Address:

City, State, Zip:

Vendor Phone:

Requested By:

Mail Check To:

Billable To:

**Fur Takers of America, Inc.**

PO Box 98  
Oregon, WI 53575-0098  
Tel (608) 298-3119  
Fax (608) 371-9296  
accounting@furtakersofamerica.com

LN	Description	Event Class	GL Account	Amount
1				
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11				
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15				

**Total:**

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**INSTRUCTIONS:**

This form should be completed using Adobe Reader which is available for free download at [www.adobe.com](http://www.adobe.com)

Use the buttons at the top of the form to print a copy for your records and submit to the bookkeeper for payment. All required receipts must be attached if mailed or scanned and attached if e-mailed.

Complete billable field if this request should be billed for reimbursement.

Each line requiring a receipt must be on a separate line and the line number written on the receipt for easy reference.

Receipts are required for items or services such as postage, hotels, tolls, office supplies, trade show fees, etc. Receipts are not required for mileage but the line must include the date traveled, total miles and reason for travel.