

Antioch Check Request



Date: _____

Select One: **HOLD**

MAIL

ABC MAILBOX

Make check payable to

Name: _____

Address: _____

City/State/Zip: _____

Account	Amount	Description

Check Amount

Requested by: _____

Approved by: _____

Over \$500 Approved by: _____

NOTE: Amounts over \$200.00 need your supervisor approval.

For Office Use Only

Check No: _____ Date Processed: ___/___/___ By: _____ VendorID: _____

When requesting payment for an individual a W9 Form Must be filled out and returned before check is released!