



Business Office
 P.O. Box 749
 Barrow, AK 99723
 Phone (907) 852-1829
 Fax (907) 852-2652

CHECK REQUEST FORM

Pay to the Order of: _____

Date Needed By: _____

Street Address: _____

Vendor ID: _____

City, State, Zip: _____

Deliver Check To: _____

(If none, check will be mailed via USPS)

Justification: _____

Document/Invoice Number	Amount	Account Code
TOTAL AMOUNT		

The amount of Check Request must be substantiated by receipts.

Requested By

Date

Department Supervisor Approval (authorized signature)

Date

Grant Manager Approval (required for all grant requests, if source code other than 00000)

Date

Director of Finance / Controller Approval (signature required if over \$2,500)

Date

President Approval (signature required if over \$10,000)

Date

Business Office Approval (signature required for account code)

Date