

# CWEA CHECK REQUEST FORM

Department: \_\_\_\_\_ For: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_

GL/Budget Code: \_\_\_\_\_

Check Purpose: \_\_\_\_\_

Justification: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Special Mailing Instructions:  
(i.e. FedEx, Alternate mailing address, Attention to, etc.)  
\_\_\_\_\_

Approved By: \_\_\_\_\_

Committee Chair/ Treasure: \_\_\_\_\_

**OR**

Director/Manager: \_\_\_\_\_

CWEA Executive Director: \_\_\_\_\_

**Please attach receipt**

For finance department

Paid date:	Check No:	Completed by:
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