

CHECK ONLY Authorization



Date: _____

TO: BUSINESS OFFICE

Please make check payable to: _____

Address: _____

Amount: \$ _____ - _____

(Please indicate which method of distribution for the check)

Mail check _____

Date Wanted: _____

Pickup check _____

If picking up check, please contact _____ at ext _____ when check is ready to be picked up

Account Code to Charge: _____

(Please fill in ALL 11 digits)
5 digit natural account (category) + 6 digit subaccount (department)

Purpose: _____

Signed: _____

Authorized Signature _____

(must be approved by supervisor before check can be issued)

CHECK ONLY

CHECK ONLY Authorization



Date: _____

TO: BUSINESS OFFICE

Please make check payable to: _____

Address: _____

Amount: \$ _____ - _____

(Please indicate which method of distribution for the check)

Mail check _____

Date Wanted: _____

Pickup check _____

If picking up check, please contact _____ at ext _____ when check is ready to be picked up

Account Code to Charge: _____

(Please fill in ALL 11 digits)
5 digit natural account (category) + 6 digit subaccount (department)

Purpose: _____

Signed: _____

Authorized Signature _____

(must be approved by supervisor before check can be issued)

CHECK ONLY