



---CHECK REQUEST---

DATE: _____

TO: Accounts Payable Department

FROM: Donna Guidroz, Director - Graduate Medical Education

Remit Payment To:

Company Name: _____

Complete Address: _____

City, State & Zip: _____

Amount: \$ _____

Description: _____

Charge to: _____

Name of Person requesting check: _____

Check Required by: ASAP

Approved by: _____ Title: Director - Graduate Medical Education
Donna Guidroz

NOTE: ORIGINAL INVOICE/RECEIPT MUST ACCOMPANY CHECK REQUEST

Special Instructions:

YOU MUST FILL OUT A "SPECIAL CHECK/HAND DELIVERED CHECKS" FORM IF YOU DO NOT WANT THE CHECK MAILED.