



---CHECK REQUEST---

**DUES AND SUBSCRIPTIONS**

DATE: \_\_\_\_\_

TO: Accounts Payable Department

FROM: Donna Guidroz, Director - Graduate Medical Education

DEPARTMENT NAME & NUMBER: \_\_\_\_\_  
(Name of Dept & Cost Center#)

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

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

City, State & Zip: \_\_\_\_\_

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

Description: \_\_\_\_\_

Charge to: \_\_\_\_\_

Name of Person requesting check: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: Director - Graduate Medical Education  
Donna Guidroz