

Illinois Conference of Seventh-day Adventists
619 Plainfield Road
Willowbrook, IL 60527-8438

CHECK REQUEST FORM

Today's Date: _____
 Check Total: _____

Please allow one week for processing this request.

Payee: _____
 Attn: _____
 Address: _____
 City, ST Zip: _____

Soc Sec #: _____
 or Fed ID #: _____
 (For 1099 Purposes)

Return Completed to: _____
 Phone for PU (Cell): _____
 Mail to (If not payee): _____
 Address: _____
 City ST Zip: _____

Use Line 7 for remaining total if necessary, provide breakdown of Line 7 on second request sheet.

	<u>G/L Acct Number</u>	<u>G/L Acct Description</u>	<u>Invoice #</u>	<u>Amount</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____

If a copy of back-up needs to be sent with check, please submit two copies of back-up.

Explanation: _____

A check will not be issued if this form is not completely filled out.

Departmental Approval	Treasury Approval	Date
_____	_____	_____

Special Instructions:
 Mail Check by: _____

Office Use Only

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