



Check Request

Date: _____

Requested by: _____

Date check is needed: _____

Vendor: _____

Address: _____

Description	Amount	GL Account
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Check Amount		_____

Supervisor Approval (signature): _____

If in doubt, please ask Sara Postings in Accounts Payable (425-898-1720 ext. 309 or spostings@tbcs.org) for the appropriate GL account number.

Please submit this signed form to Accounts Payable in the Main Building at Redmond Campus for processing.