



BCCHS ASB  
**CHECK REQUEST FORM**

Please attach original receipt(s) or invoice. Receipts must be taped to an 8 ½ x 11 sheet(s) of paper. **Submit this form to the ASB Bookkeeper.**

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

Purchase Order #: \_\_\_\_\_ Amount: \_\_\_\_\_

Description of purchase: \_\_\_\_\_

Check one:

All Items/Services Received

Prepayment Required

Check Instructions:

Mail to Vendor

Put in Requestor's Mailbox

\_\_\_\_\_  
Account Advisor (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Request