



District Center - Business Office  
 1440 49th Avenue NE | Columbia Heights, MN 55421 | 763-528-4500

## Accounts Payable Check Request

**Payable to:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment Delivery (circle one):

US Mail                      Pick Up                      Electronic

**Tax ID # (New Vendor):** \_\_\_\_\_

**Vendor or Employee #:** \_\_\_\_\_

Date	Invoice	Budget Code	Account	Description	Amount
				<b>Total</b>	\$ -

*I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.*

Requested By Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval 1 Signature: \_\_\_\_\_

Approval 2 Signature: \_\_\_\_\_

**Please Attach Appropriate Back-Up Documentation**

- ↳ Registrations - Attach 2 copies of completed registration form
- ↳ Reimbursements - Attach itemized receipts