

ACCOUNTS PAYABLE CHECK REQUEST

Center _____ Date _____

Make check payable to:

Name _____

Address _____

City, State, Zip _____

Check amount \$ _____ Account No. _____

Description _____

Requested by _____

(Employee's name)

Executive Director's

Return check to _____

Signature _____

- **Form must be filled out completely.**
- **Deadline is noon on Monday's & noon on Thursday's.**
(this may vary at month end)
- **Please send all check requests through the courier; faxing is for emergencies only.**
- **No need to fill out this form if a vendor will invoice us.**
- **Documentation is required.**

~In some cases, check requests submitted without the supporting documentation may be sent back to the person requesting the check for the documentation to be attached.

~Receipts are due within 30 days for all checks issued without anything attached as backup.

~If the receipt is not turned in within 30 days of check date, the person requesting the check and/or the person approving the request will be put on hold for all future requests until the receipt is turned in. (Some exceptions may apply)

~This form is not to be used for Payroll requests

Any questions, please email Mitzi Frey at mfrey@ymcamidtn.org