Piedmont Health Services

Check Request Form

ACTION REQUIRED:
- ☐ Prepare check and mail
- ☐ For your approval
- ☐ Prepare check and return to _____
- ☐ Exception

Please issue a check in the amount of $ _____

Payable to: _____

Address: _____

_____

_____

Reason for request	Unit Price	Total

Requested by: _____ Date: _____
(Print) (Signature)

Approved by: _____ Date: _____
(Print) (Signature)

FOR ACCOUNTING USE ONLY: Vendor No. _____

Account No.	Amount	Account No.	Amount	Account No.	Amount
				Total Amount	