



Piedmont Health Services

Check Request

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

Please issue check in amount of \$ _____

Payable to: _____

Address: _____

Reason for Request	Unit Price	Total

Requested By/Date: _____

Approved By/Date: _____

FOR ACCOUNTING USE ONLY				VENDOR NO. _____	
Account No.	Amount	Account No.	Amount		
			TOTAL AMOUNT		