Prairie Trail Federation Check Request

Check Amount: $_____   Requested By:

                                                  _____

Issue Check To: _____   Date Requested:

                                                  _____

Address: _____   Approved By:

                                    _____   Date Approved:

                                                  _____

City: _____

State: ____   Zip: _____

Reason for Check: _____

                                    _____

Description to be typed on the check (20 Characters Only)

Special Instructions: _____

                                    _____

```
------Accounting Use Only ------
```

Check #	_____	Invoice Date: _____
Payment Date:	_____	Invoice Number: _____
Description:	_____ _____	Invoice Amount: _____
Memo:	_____ _____	Invoice Date: _____
Category:	_____	Invoice Number: _____
		Invoice Amount: _____

To avoid delays in processing this check request, please attach both the original and a copy of the invoice, letter or order from to be sent with the check.