



Agency Account Check Request Form

This form must be completed when a check needs to be issued. The form should be filled out in both an original and a duplicate. The duplicate form will be returned back to the requestor after the check is issued. Please attach all invoice(s) to the original copy. For any questions, please contact 518-564-2035.

Vendor ID: _____

Date: _____

Pay To: _____ Address: _____

Invoice Date	Invoice Number/ Reference	Account Number/ Account Name	Amount
1).			
2).			
3).			
4).			
5).			
Total:			

Account Owner/Authorized Signatory

Account Owner's Supervisor

Administration and Finance's Approval*

(*only needed when expense reimbursements in excess of \$1,000 are made to an authorized signor.)

For CAS Office Use Only		
Check Number:	Date:	Entered By: