

Check Request Form

DATE: _____ Person Requesting Check: _____

DEPARTMENT (CHECK ONLY ONE)

- | | |
|--|--|
| <input type="checkbox"/> RFMS-Customer Name: _____ | <input type="checkbox"/> CG/Community Services |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Private Pay |
| <input type="checkbox"/> CW! | <input type="checkbox"/> Project Search |
| <input type="checkbox"/> Customer Enhancement Fund: 2125 | <input type="checkbox"/> Supervised Living - Residential |
| <input type="checkbox"/> First in Families-FY#: _____ | <input type="checkbox"/> Supervised Living - Periodic |
| <input type="checkbox"/> Group Homes (Home Name): _____ | <input type="checkbox"/> Self Advocates |
| <input type="checkbox"/> Group Home Vacation Fund | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Other: _____ |

Check Request Information

Account Number: _____ Account Name: _____

Amount Requested: _____ Made Payable to: _____

To Be Used For: _____ Needed by: _____

****(A separate form must be completed for each check requested from the finance office)****

DELIVER TO:

- InReach Office: _____
- Mail Check to: (include an extra copy of the invoice if there is not a separate remittance form)

INVOICE/RECEIPT INFORMATION (check one):

- Invoice(s)/Receipt(s) Attached
- Invoice(s)/Receipt(s) Forthcoming (within 2 weeks)

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

DIRECTOR SIGNATURE: _____
(required for amounts over \$250.00)

FINANCE DIRECTOR: _____

Employee Name _____

Date	Paid To	Customer Name	Amount
Total Due:			

This is an accurate record of the expenses incurred by me during the execution of my duties for InReach.

Employee Signature _____ Date ____/____/____

Supervisor's Signature _____ Date ____/____/____

Director's Signature _____ Date ____/____/____

Indicate Department: _____
