



12 Magnolia Street  
Easton, MD 21601  
(410) 822-0330

DATE: \_\_\_\_\_

CHECK REQUEST

ISSUE CHECK TO: \_\_\_\_\_  
(Name)  
(Address if vendor) \_\_\_\_\_  
\_\_\_\_\_

VENDOR NUMBER/  
EMPLOYEE ID: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

PURPOSE  
OF REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND CHECK TO: \_\_\_\_ RETURN TO ME \_\_\_\_ MAIL DIRECTLY

ACCOUNT NUMBER: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(Signature)

AUTHORIZED BY: \_\_\_\_\_  
(Signature)