



## CHECK REQUEST FORM

**PLEASE REQUEST ALL CHECKS AT LEAST ONE WEEK IN ADVANCE (2 WEEK NOTICE IS PREFERRED)**

REQUESTOR'S NAME: \_\_\_\_\_

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

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

PURPOSE: \_\_\_\_\_

**CHECK WHICH ACTIVITY FUND BELOW AND TURN COMPLETED FORM TO THE MADES-JOHNSTONE OFFICE:**

Giving Fund	Sunshine Fund	Autism	Special Olympics	Hearing	Social Work	Character Council

**FOR ALL OTHER FUNDS CHECK CHOICE BELOW AND TURN COMPLETED FORM TO THE MID-VALLEY BUSINESS OFFICE:**

Field Trip	Other

EMPLOYEE SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

**ANY SUPPORT DOCUMENTS MUST BE ATTACHED**

DATE CHECK NEEDED: \_\_\_\_\_

DO YOU WANT CHECK MAILED?     \_\_\_\_\_ YES  
     \_\_\_\_\_ NO

IF NOT MAILED, RETURN TO: \_\_\_\_\_