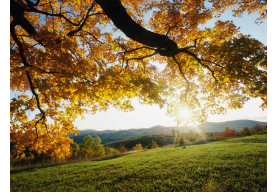


Check Request



Any Company Inc.
123 Any Ave
Any Town, State
Any Country
Any ZIP/Postal Code
Phone: 111-222-3333
Fax: 111-222-4444

Name:	
Title:	
Department:	
Phone:	

Date	Date Needed	Reason / Account	Payee	Amount

Delivery Instructions:

Comments:

Manager:

Authorized By:

Internal Use Only

Amount Paid	Check No.	Date