



MILLER COUNTY

Check Request Form

DATE REQUESTED: _____

REQUESTED BY: _____

PAYEE: _____

W9(ATTACHED) /SS ID: _____

MAILING ADDRESS: _____

\$ AMOUNT: _____

DESCRIPTION & PURPOSE:

DUE DATE: _____

FUND BANK : _____ DEPT: _____ ACCOUNT: _____

BUDGET MANAGER APPROVAL & SIGNATURE:

ATTACH ALL PROPER DOCUMENTATION

(AP TO COMPLETE BELOW)

RECEIVED BY: _____

DATE REC'D : _____

VENDOR # : _____

CLAIM # : _____

<p>ALL ITEMS MUST BE COMPLETE BEFORE SUBMITTING TO ACCOUNTS PAYBLE DEPT</p>
<p>MUST ALLOW NO LESS THAN <u>5 BUSINESS DAYS</u> TO PROCESS CHECK</p>