

**CHECK REQUEST FORM**  
**AND**  
**ACCOUNT ADJUSTMENT FORM**

Date of this request: \_\_\_\_\_

Payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Reason for expenditure(s) or adjustment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account(s) to charge for this (these) expense(s)

**FIRST INVOICE** (*Invoice number, if available*) \_\_\_\_\_

<u>Account Name or Number</u>		<u>Amount</u>
Account to be charged if this is an invoice or an adjustment		
1) _____	Net Expense	\$ _____
Account to be credited if this is an adjustment		
2) _____	Net Expense	\$ _____
3) _____	Net Expense	\$ _____
4) *****	Sales tax amount, if any \$ _____	Invoice Total \$ _____

**SECOND INVOICE** (*Invoice number, if available*) \_\_\_\_\_

<u>Account Name or Number</u>		<u>Amount</u>
Account to be charged if this is an invoice or an adjustment		
5) _____	Net Expense	\$ _____
6) _____	Net Expense	\$ _____
7) _____	Net Expense	\$ _____
8) *****	Sales tax amount, if any \$ _____	Invoice Total \$ _____

Check Dispensation:

Mail to Payee: \_\_\_\_\_ Other: \_\_\_\_\_

Place in box of: \_\_\_\_\_

Authorized by: \_\_\_\_\_