



**CHECK REQUISITION AUTHORIZATION FOR PAYMENT**

Vendor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Purpose/Description:

Requested by: \_\_\_\_\_ Due Date: \_\_\_\_\_

**FOR ADMINISTRATION USE ONLY**

Distribution of Disbursement Check			Supporting Documents Attached	
Account No.	Debit	Credit	Bids	
			Purchase Order	
			Receiving Report	
			Vendor's Invoice	
			Check Copy	
			Other (Specify)	

Comments: *Please produce and mail separate checks for each band member/musician.  
 (list with addresses and amounts included)*

Posted by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Check Date: \_\_\_\_\_ Check Number: \_\_\_\_\_