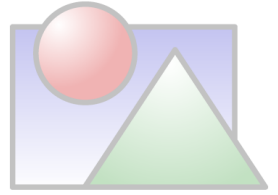


# Check Request



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

**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