

CHECK REQUEST FORM

2011-2012

Accounts Payable use only

PAYEE

Date Received by A/P

PAYEE TAX ID
if applicable

New Address?

Employee?

Hold check?

Copy's needed?

PAYEE ADDRESS:

Purpose and description of purchase, include client name and profiler # if applicable

GL Code

Program to be charged

Sub total

Tax

Total

GL Code	Program to be charged	Sub total	Tax	Total

Check Total:

All purchases must comply with all applicable policies and procedures for the procurement of goods and services for Davis Behavioral Health. Always use central purchasing when possible

If purchase is between 1000 and 5000 telephone bids must be attached unless using state contract

If purchase is between 5001 and 50,000 written bids must be attaches unless using State contract

Purchase of 50,001 and higher must contact purchasing to arrange

Please attach required receipts, invoices, contracts or other supporting documentation.

Requests without supporting documentation will be returned.

Requesters Signature

Date

Program Supervisor

Date

Special Instructions:

Controller Approval: