**Check Request Form Rep Payee Account**

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| Date:      Participant’s Name:      Check Payable to (Name):      **\***See Check Request Approval and Receipts Policy for limitation/guidanceDollar Amount: $     Disposition of Check:* Mailbox [ ]  Name:
* Front Desk [ ]  Person picking up check:
* Drop Box [ ]
* MH Admin. [ ]  Person picking up check:
* File in binders [ ]
* Mailed [ ]

Address (if check is to be mailed):                Description/Purpose of Funds:       Date and time needed by (do not use ASAP):      Is this a staff assisted purchase? Yes [ ]  No[ ] Maximum spending: $      at a: time [ ]  day [ ]  week [ ]  month [ ] according to the most current assessment  | Requested by (**PLEASE PRINT**):       Program Supervisor, Program Director, Vice PresidentSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized by (**PLEASE PRINT**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Director, Vice PresidentSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By signing below, I acknowledge the following:Receipts and cash (if applicable) totaling the amount of the check have been verified and attached to a copy of this form and submitted to fiscal within five days of the date of the check.Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Director, Vice PresidentReturn Receipts (**FISCAL USE ONLY**):Ck#: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_Person writing Ck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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