**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/guidance  Dollar 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 President  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized by (**PLEASE PRINT**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Director, Vice President  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 President  Return Receipts (**FISCAL USE ONLY**):  Ck#: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Person writing Ck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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