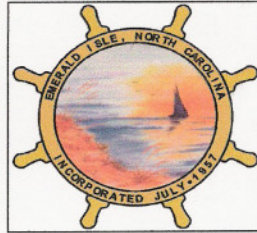


Town of Emerald Isle Check Request Form

Date
Amount of Check Request



Department
Account Code

Check Issued For: (Items, Services, Etc.)
Check Payable To:
Vendor Number:

Vendor Address

Requesting Employee: _____
Department Head: _____
Finance Officer: _____
Town Manager - If > \$5,000: _____

Date: _____
Date: _____
Date: _____
Date: _____