

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: _____

Date: _____

Department Head: _____

Date: _____

Town Manager - If > \$5,000 _____

Date: _____

"This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act." :

Finance Officer _____

Date: _____