



CHECK REQUEST FORM

Please submit form to: **David G. Hill, Treasurer**
20140 E Maplewood Ln
Centennial CO 80016-1279
Telephone: 303-766-5630
E-mail: david.hill@igra.com

Requested By:	Date:
Make Check Payable To:	Phone:
Vendor Address:	
Vendor City, State, Zip:	
Mail Check to Vendor?: Yes / No	
If No, Mail To:	
Signature of Requester:	

Description of Item Purchased	Amount
Total To Be Paid	

Budget Line Item	Amount
Total Distribution	

Mail completed check requests to the address above.

**Requests for reimbursement must be accompanied by original receipts.
 Requests for payment must be accompanied by original invoices. All
 requests must indicate the budget line item to be charged.**

For Office Use Only
Check Date
Check Number