



WIZCHINESE/PACPC CHECK REQUEST FORM

Date: _____

Vendor/Payee: _____

Vendor No.: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Reason for disbursement: _____

Date check needed: _____

Attach original supporting documentation for Accounts Payable records

Email to: pacpc.wizchinese@gmail.com

Expenditure Distribution

Fund	Pgm/Proj	Account	Description	Amount
Total Check Amount:				

OTHER INSTRUCTIONS:

- Mail with enclosures
- Mail w/o enclosures
- Pick up by requestor

Requested by: _____

Date: _____

Approved by: _____

Date: _____