

**Benton County
Check Request Form**

Department _____

Vendor Information (Must be completed)

Vendor Name: _____

Address (line 1): _____ Vendor Number: _____

Address (line 2): _____ 1099 is required: _____

City/State/Zip: _____ Tax ID number: _____
(attach W-9 form)

Telephone No: _____

Additional info: _____

CHECK REQUEST

NOTE: Supporting documentation must be attached

Special Instructions: Return check to department Date required: _____

Mail with attached *

*If marked, attach the original documentation and a copy to mail out

<u>Budget Line</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Check Amount		_____

Authorized Signature: _____ Date: _____
FY _____ / _____