

CITY OF EDEN

CHECK REQUEST

Vendor: # _____

Date: _____

From: _____

Department: _____

Issue Check to:

Account Charged:

Amount

Description:

Issue Check to:	Account Charged:	Amount	Description:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total

=====

Priority Date: _____

Department Head's Approval

Requester

Finance Director's Approval

Additional Information:

City Manager's Approval

(Use Separate Request for each Check)