

# MUSIC INSTITUTE OF CHICAGO

## CHECK REQUEST FORM

\*\*\*Please attach original receipts for all reimbursements\*\*\*

Date requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

*(Required if payment is made to an individual for services)*

Account No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Description of Expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Requesting Check \_\_\_\_\_

Department Approval \_\_\_\_\_ Accounting Approval \_\_\_\_\_

Special Mailing Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_