

**City of Centennial**

**Check Request Form**

**Requested By:** \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Payee Name and Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Check**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved By:** \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Check Amount** \$

**Box #1** Check here if this check can be cut, approved and signed through normal payables process

**Box #2** Check here if this check is to be released BEFORE the next scheduled payables release date. Please notify Diane Reers of this check request.

**Special Handling Instructions: (if this is blank, the check will be mailed to the vendor)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_