

## Norcross Service Unit Check Request

Date of request: \_\_\_\_\_

Requestor: \_\_\_\_\_

Check to be made payable to: \_\_\_\_\_

Purpose: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Itemized Expenses: (Please attach receipts)

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Approval must be obtained from Service Unit Director. Failure to obtain approval may result in purchaser having to incur expense. Signature of Service Unit Director is required before check will be issued.

Approved by: \_\_\_\_\_

Service Unit Director

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For Treasurer's Use only

Date Issued: \_\_\_\_\_ Check Number: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Treasurer: \_\_\_\_\_