

NATIONAL OPTICAL ASTRONOMY OBSERVATORY

Request For Check

PAY TO: _____

DATE: _____

AMOUNT OF CHECK _____

ACCOUNT: _____

REASON FOR PAYMENT: _____

ACCOUNTING USE ONLY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DATE CHECK NEEDED Routine

REQUESTED BY: _____

APPROVED BY: _____

DELIVER CHECK TO: _____

(Please Attach Sticker)

This form is to be used when requesting a check for which there is no invoice or supporting purchase order.

✓ Receipt(s) Attached