

FINLANDIA

UNIVERSITY

CHECK REQUEST FORM

PAYABLE TO: _____ AMOUNT: \$ _____

_____ DATE: _____

MAIL TO: Same as Above _____

DEPARTMENT: _____ ACCOUNT: _____

REQUIRED BY: _____

APPROVED BY: _____

REQUESTED BY: _____

REASON FOR REQUEST: _____

ACCOUNTING OFFICE USE ONLY

APPROVAL:	ACCOUNT #:	AMOUNT: