

CHECK PICK UP FORM

Please allow _____ to pick up check associated with

PO# _____ Check Request# _____

Payee Name: _____ Check Amt: _____

Date to Pick up Check: _____

Reason to Pick up Check: _____

Department Name: _____

Authorized Signature: _____
(Department Approver)

Complete the following in the Accounting office when the check is picked up:

I, _____ accept responsibility for the check I am
(Print Name)
picking up.

Check # _____

Signature: _____ Date of pick up: _____