

CITY AND BOROUGH OF SITKA

Check Request
 Hand-Check Request

Needed By: _____

DATE: _____ SUBMITTED BY: _____

PAYABLE TO: _____

VENDOR #: _____ INVOICE #: _____ PO #: _____

FOR PAYMENT OF: _____

ACCOUNT #: _____ / _____ / _____ / _____ / _____ . _____ \$ _____

PROJECT #: _____ / _____

ACCOUNT #: _____ / _____ / _____ / _____ / _____ . _____ \$ _____

PROJECT #: _____ / _____

TOTAL: \$ _____

DISBURSEMENT: MAIL: _____

PICKUP BY: _____

PHONE #: _____

AUTHORIZATION: _____