

WAUKEGAN PUBLIC LIBRARY CHECK REQUEST FORM

| Department Manager | | - | | |
|------------------------------------|-----------------------------|--|---------------------|---------|
| Date | | - | | |
| Date Check Needed | | Request due by the | 5th and 20th of eac | h month |
| Amount | | _Checks are cut on the 10 th and 25 th of each month | | |
| Payable to: | | Mail Check | Hold for Pickup | |
| Name | | | | |
| Address | | | | |
| Phone and Email | | | | _ |
| Reason for Check | | | | |
| | | | | |
| Name of Program | | | | |
| Name of Grant | | | | |
| Account Number | | | | |
| Please attach any supporting docum | nentation and forward to Bu | siness Office for p | processing. | |
| Approval Supervisor | | | W9 on file | |
| Finance Manager | | · | W9 attached | |
| Executive Director > \$500 | | - | Contract attached □ | |
| Date Paid | | - | | |
| | | | | |

This form is to be used to reimburse employees for all WPL related expenditures.

All expenditures should be pre-approved by Department Head or Manager prior to purchase.

Lack of documentation or proper approvals could delay check processing.