

# Mason County Eastern General Fund Check Request Form



Account Name:

Account Number:

Make Payable To:

Address:

City

State

Zip

Amount:

Invoice Number:

Description of Items/Services:

Make Selection\*:

Check to be mailed to Vendor by date:

Check to be given to Supervisor by date:

\*Check runs are completed biweekly. Verify with business office for your check availability.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_