## CHECK REQUEST

Pay to the order of	<u>:</u>	
Amount of check		
Send to:		
Date needed:		
	MAC PTO Media Center	
Budget Line(s):_	(for PTO acco	ount)
Reason for exper	iture:	
Signature of appr	ving officer:	
	PTS!!! Checks will not be written without receipt.  payment instructions or additional explanation below:	
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