



Founded 1973

Old bricks  
Faith in people  
Preserving community

**Clinton Housing Development Company**

# CHECK REQUEST FORM

GENERAL

Date Requested

(MM/DD/YY) : \_\_\_\_\_ Entity Code : \_\_\_\_\_ GL Code : \_\_\_\_\_ -

Requesting

Employee : \_\_\_\_\_ Title : \_\_\_\_\_

Property Address : \_\_\_\_\_ Apt/Location: \_\_\_\_\_

VENDOR INFORMATION

Vendor Name

Street Address

City : \_\_\_\_\_ State : NJ Zip : \_\_\_\_\_

Contact Name:

Phone

Fax

(xxx-xxx-xxxx) : \_\_\_\_\_ (xxx-xxx-xxxx) : \_\_\_\_\_

PURPOSE

PAYMENT INFORMATION

TOTAL CONTRATCED AMOUNT:

REQUESTED AMOUNT:

APPROVED AMOUNT:

\$ \_\_\_\_\_ -

\$ \_\_\_\_\_ -

\$

MUST PROVIDE OF THE FOLLOWING:

☐ INVOICE INVOICE DATE : \_\_\_\_\_ INVOICE #: \_\_\_\_\_

☐ NEW CONTRACT PROPOSAL FORM

☐ IBS OPEN AP FORM (OPTIONAL)

APPROVED BY:

\_\_\_\_\_  
Department Director (amounts up to \$2,500)

\_\_\_\_\_  
Operation Director (if amounts exceeding \$2,500)

\_\_\_\_\_  
Executive Director (if amounts exceeding \$10,000)