

CHECK REQUISITION FORM

Attorney Name : _____

Date of Request : _____

Date Check, needed by : _____

Requested Amount : _____

Check Requested By : _____

Department / Person : _____

Payroll File Number : _____ (as applicable)

Purpose :

| | | | |
|--|--|--|--|
| Employee Name: _____ H-1B Type : _____ | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total | | | |

Check Mailing Address

HR Signature : _____ HR Name : _____

Requester Signature : _____ Requester Name : _____

For Accounts Department Use

Request Received On : _____

Check Approved for : _____

Approver Comments :

Approver Signature : _____ Date : _____

Prepared & Accounted by : _____ Issue Date : _____