

**Jefferson Rehabilitation Center**

**CHECK REQUEST**

**Date Required:** \_\_\_\_\_

**Issue To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount:** \_\_\_\_\_

**G/L Account:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval:** \_\_\_\_\_

**Mail Check / yes \_\_\_\_\_ /no \_\_\_\_\_**

**Check will be picked up / yes \_\_\_\_\_ /no \_\_\_\_\_**

**S-00011**

*\*\*\* Check requests must be received (in the Accounting Dept.) by Monday at 4:00 pm for that week's check run\*\*\**