TOWARD MAXIMUM INDEPENDENCE
CHECK REQUEST

THIS FORM REQUIRES BOTH DIRECTOR AND EXECUTIVE DIRECTOR APPROVAL.
PLEASE SUBMIT WITH REQUIRED ATTACHMENTS.

DIRECTOR APPROVAL (Init): _____

Fund Allocation: Check Office, Department, Program

❏ San Diego ❏ Escondido ❏ Lakeport ❏ Temecula

Program:_____ Component:_____

Purpose For Request / Funds Being Used For:

Person Requesting Check	
Date of Request	
Check Amount	
Check Payable To	
Check Needed By	* _____ ***Please Allow At Least 3 Business Days for Processing. If Emergency, please indicate so and reason in purpose area below.***

Required Attachment: Order Form and/or Receipt/Invoice

_____ _____
Executive Director Authorization ***Date***

Check #:_____ Date Cut:_____ DFF Initial:_____