

Check Request for Trust Accounts

Date: _____

Check Payable to: (name and mailing address)

Vendor's FEIN or SSN, if known: (for 1099 reporting purposes)

Vendor is taxed as a:

____ Sole Proprietor or Partnership; ____ Corporation

Reason for disbursement:

Signature of HAND officer: _____, Title: _____

ATTACH RECEIPT OR OTHER DOCUMENTATION PROVING AMOUNT

SCKEDD's Use:

Vendor Number: _____

<i>Fund</i>	<i>Project-Element</i>	<i>G/L</i>	<i>Description</i>	<i>Amount</i>

Mail Check requests to
ATTN: Daniel Bass
SCKEDD, Inc.
9730 E 50th Street N.
Bel Aire, KS 67226

Voucher Prepared by: _____

Approval by: _____

Check Number: _____

Disbursement Date: _____