

# **APOLLO SHEET METAL** **CHECK REQUEST FORM**

MUST BE SUBMITTED BY 4:30PM TUESDAY FOR CHECK TO BE RAN FRIDAY

TODAY'S DATE \_\_\_\_\_

DATE CHECK NEEDED \_\_\_\_\_

VENDOR'S NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK AMOUNT \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

GL ACCT. \_\_\_\_\_

JOB NUMBER \_\_\_\_\_

PHASE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

MANAGER APPROVAL \_\_\_\_\_

**PLEASE TURN IN VENDOR INVOICE OR RECEIPT TO ACCOUNTING**