

THIRD PARTY CHECK PICK-UP FORM

Please allow _____ to pick up check(s).

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Payee Name: _____ Check Amt: _____

Reason to Pick up Check: _____

Department Name: _____

Authorized Signature: _____
(Department Approver)

Complete the following in the Finance office when the check is picked up:

I, _____ accept responsibility for the check(s) I am
(Print Name)
picking up.

Signature: _____ Date of pick up: _____