

NYLAND CHECK REQUEST

DATE OF REQUEST _____

CHECK PAYABLE TO: _____

ADDRESS: _____

TOTAL AMOUNT: _____ (should be same **Total** as below). If for services please attach a **W-9** if you had not given one

Account Number	Account Name	What is it for/ detail	Amount	Is Receipt Attached (Y N) Required
-----	-----	----- TOTAL		-----

CAG NAME: _____ Authorized Signature: _____

Special Instructions:

(The following to be completed by bookkeeper)

Fed ID # _____ or SSI (Social Security #) _____

Vendor # _____ CHECK Number _____ Date _____

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