



Town of Woodside
 2955 Woodside Road
 Woodside, California 94062
 650 851.6790
 www.woodsidesetown.org

Check Request Form

Please Attach Receipts/Invoices

Regular Check

Reimbursement

Date: _____ Check Amount: _____

Check Payable to: _____

Address: _____

What is being purchased or paid (please be descriptive, especially if you are unsure of the account to be charged). Please indicate to mail the check or if it will be handed to the committee member.

Account Number to be charged: _____

Employee requesting the check: _____

Committee member signature: _____

Employee's signature: _____ (signature also by sticky note)

Supervisor's approval signature: _____ (signature also by sticky note)