



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

# Check Request Form

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## 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 vendor or staff member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number to be charged: \_\_\_\_\_

Employee asking for hand check: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ (signature also by sticky note)

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