Liberty Healthcare Corporation

CHECK REQUEST

Check Request Number: _____
(Assigned by Accounting)

Date Requested: _____   Date check must be mailed by: _____

Amount Needed: $ _____

Pay to the order of: _____

Remittance Address: _____

_____

_____

Taxpayer Identification number (TIN) of payee, if not a corporation _____

Check Distribution:
The accounting department will mail all checks. Attach a copy of the backup paperwork to the check request. Accounting will notify you to bring the pre-addressed envelope or Fed-Ex slip and the original paperwork that must be mailed with the check when ready.

Special Instructions: _____

_____

_____

Purpose: _____

Facility(s) / Corporate: _____

Requested by: _____ _____   Approved by: _____ _____
(date)   (date)

For Accounting Use Only

Account Distribution Number(s)   Account Distribution Number(s)

_____   _____

_____   _____

_____   _____

W-9 on file _____ Y _____ N _____ NA   Billable _____ Y _____ N _____ NA

Entered by: _____