



Check Request Form

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

Please Attach Receipts/Invoices

Regular Check

Hand 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)

Account Number to be charged: _____

Employee asking for hand check: _____

Committee Member signature: _____

Employee signature: _____

Supervisor approval signature: _____
