Form 8.9 – San Bernardino County Check Request Form

Payee:	For Treasurer Use
Address:	Check No.
Date Requested:	Date of Issue:
Requested Amount:	Amount of Check:
Budgeted Categories:	

Date	Description	Amount
	TOTAL	$

Please attach **ORIGINAL** receipts for all expenses **(No reimbursement without a receipt or a completed Missing Receipt Form 8.10).**

Approved by:

Treasurer (print name)	Signature	Date
County Staff (print name)	Signature	Date