



**CITY OF
TRAVERSE CITY**

ACCOUNTS PAYABLE CHECK REQUEST FORM

DATE:

VENDOR:

VENDOR ADDRESS:

APPROVAL DEPT:

REQUESTED BY:

CHECK AMOUNT:

REASON FOR DISBURSEMENT:

APPROVED BY:

GL #(s):

DELIVER CHECK TO:

SPECIAL INSTRUCTIONS:

***Please attach any supporting documentation for the request.**

The completed form along with any questions can be directed to ap@traversecitymi.gov