

Date of request:

TALLER PUERTORRIQUEÑO, INC.

CHECK REQUEST AUTHORIZATION FORM

AMOUNT: _____

PAYEE NAME: _____

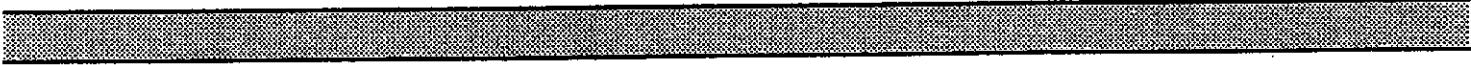
ADDRESS: _____

FED ID# (or) SOC. SEC.#: _____

(Necessary in order to process)

REASON FOR PAYMENT: _____

(Include Invoice #) _____



APPROVAL: _____

DATE: _____

APPROVAL: _____

DATE: _____

FOR ACCOUNTING USE ONLY:

INV. DATE: ____/____/____

CHECK NUMBER Text _____

CHECK DATE _____

G/L CODING:

ACCOUNT: _____

DEPT: _____

EVENT: _____

PERFORMANCE _____

PROGRAM: _____

SPECIAL HANDLING:

Return to: _____

Mail _____

Hold for: _____