



## District Check Request

405 South Main Street  
11th Floor  
Salt Lake City, Utah 84111  
801-257-3483 Fax: 801-257-3587  
Email: uteporequest@gmail.com

**All invoices, bids or receipts must be attached to this request to issue checks.**

Date: \_\_\_\_\_

District: # \_\_\_\_\_

District Name: \_\_\_\_\_

Budget Item: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Approved By: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Reason For Check Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accounting \_\_\_\_\_

Check Date: \_\_\_\_\_

District checking accounts are to be used for concessions and emergency game day situations only.

All other checks to be issued by Ute Conference Accounting Dept. NO checks outside of concessions to be issued by district over \$300.00. Checks will be cut within 2 business days of request and then sent to out for signatures.