

Williamson County  
Advance Check Request

From: \_\_\_\_\_  
(Department Head/Elected Official)

To: Nena Graham, Budget & Purchasing Director

Check Requested:

Payable to: \_\_\_\_\_  
(Vendor)

**VENDOR NUMBER** \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

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

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attached Documentation for request)  
(Paid Receipt or Invoice must be returned to Accounting  
after goods or services are received)

Account Cost Code \_\_\_\_\_

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

Date of this request: \_\_\_\_\_

Approval: \_\_\_\_\_  
(Department Head/Elected Official)

\_\_\_\_\_  
(Budget & Purchasing Director)