



### CHECK REQUEST FORM

Service Line:

- Island Health Care
- Island Hospice
- Independent Life at Home
- Ideal Aging
- RightHealth®
- THA Services

Community Office:

- Beaufort
- Bluffton/HHI
- Skidaway/RH
- Statesboro
- Perry Street
- W Savannah (Pooler)

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

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

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

Pay to the Order of: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Check One:  Mail check to payee     Return to Requester

Check needed by (date/time): \_\_\_\_\_

Purpose of check: \_\_\_\_\_

Approved by: \_\_\_\_\_ (signature)

**Accounting Use Only**

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_