



PARTICIPANT CHECK REQUEST

Participant Name: _____ Participant Phone Number: _____

Pay to:
Vendor Name: _____ Vendor Phone Number: _____

Vendor Address: _____
Address City State Zip

Services and supplies may only be paid up to the authorized amount.

Description of Purchases or Services: _____

Dates of Service or Purchases (If applicable, please send receipts for purchases):

_____ \$ _____ Date Amount	_____ \$ _____ Date Amount
_____ \$ _____ Date Amount	_____ \$ _____ Date Amount
_____ \$ _____ Date Amount	_____ \$ _____ Date Amount
_____ \$ _____ Date Amount	_____ \$ _____ Date Amount
_____ \$ _____ Date Amount	_____ \$ _____ Date Amount
_____ \$ _____ Date Amount	_____ \$ _____ Date Amount

of Units: _____ Unit Rate: \$ _____ Total: \$ _____

Approved: _____
Participant Signature

Date: _____

Approved: _____
Vendor Signature

Date: _____

PLEASE CHECK YOUR FUNDING SOURCE: _____

It is your responsibility to verify that your completed and accurate check request has been received by Lori Knapp Choice™ once you submit via mail, fax, or email. Please call us to verify your timesheet(s) has been received. For any questions or concerns, please contact our office at: 844.534.7225.

Submit Mileage Log to Lori Knapp Choice™

Mail
106 S Beaumont Rd
Prairie du Chien, WI 53821

Email
payroll@LoriKnappChoice.com

Fax
844.634.7225