



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

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

Approved:
Participant Signature

Date:

Approved:
Vendor Signature

Date:

PLEASE CHOOSE YOUR FUNDING SOURCE: [SELECT ONE]

If completing a printed check request, write in your correct Funding Source/County Name.

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: 608.326.0434.

Submit Request to
Lori Knapp Choice™

Mail
106 S Beaumont Rd
Prairie du Chien, WI 53821

Email
payroll@LoriKnappChoice.com

Fax
844.634.7225