

**DEPARTMENT OF ANESTHESIOLOGY & PERI-OPERATIVE MEDICINE  
GENERAL CHECK REQUEST**

Date	CME/EPB (Y or N)	\$ Amount						Description
		Dues & Subscriptions	Books	Licenses	Phone Charges	Supplies	Other	
TOTALS		0.00	0.00	0.00	0.00	0.00	0.00	TOTAL CHECK REQUEST 0.00
ACCT STRING								

Check payable to: \_\_\_\_\_

Social Security # \_\_\_\_\_

If check to be mailed, address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FUND SOURCE - ACCTG DEPT USE	
Foundation	
UAPC	
OHSUMG	
OHSU	

Submitted By		Approved By	
Signature	Date	Signature	Date

ACCTG DEPT USE ONLY	
Check date	
Voucher number	