

**TOWN OF TEMPLE
SELECTMEN'S OFFICE
PO BOX 191
TEMPLE NH 03084**

REQUEST FOR CHECK

DATE: _____

AMOUNT OF CHECK: _____

PAY TO THE ORDER OF: _____

ADDRESS: _____

REASON FOR REQUEST: _____

ACCOUNT # TO CHARGE: _____

SIGNATURE: _____

Note: Please attach all receipts and add to your Accounts Payable Voucher