

# **EMERGENCY CHECK REQUEST**

REQUESTED BY:		DEPARTMENT:		DATE:
REQUIRED: Indicate	why a check is necessa	ary outside of the noi	rmal A/P cutoff schedule:	
	ON			
VENDOR INFORMATION				
Number:			(auto fill, DO NOT ENTER AMOUNT)	
Name:			RELEASE TO:	
Address:			Contact Name(s)	
			Department Name	Extension
	(S) AND GL ACCOUN		ED:	
			Amount:	
Invoice #:				
			Amount:	
DEPARTMENT AUTHO	DRIZATION:			
	Signatu	ıre	Date	2
Administrative Depa	rtmental Use Only			
Auditor's Office App	roval:			
Treasurer's Office Approval:			Check#	
PAYMENT RELEASED	TO:			

Signature



## **EMERGENCY CHECK REQUES PROCEDURES**

WINNEBAGO COUNTY

— ILLINOIS ——

### <u>Purpose</u>

Used to request payment during a time-sensitive, *emergency* situation outside the normal semi-monthly check schedule.

The "Emergency Check Request" form can be found on the Winnebago County Auditors Webpage or by contacting the Finance Department.

### **Emergency Check Request Procedures**

- Submit requests to the Finance Department's Accounts Payable Coordinator to establish urgency—if received no later than noon on Wednesday and deemed urgent, check should be available Thursday of the same week.
- All check requests must include completed "Emergency Check Request" form explaining the urgency of payment, approval from authorized department staff, and supporting documentation
- Auditors Office will review and determine final payment approval
- If approved, Treasurer's Office will print the check
- Finance Department, Accounts Payable will coordinate distribution

### **Processing / Timelines**

All completed and approved "Emergency Check Request" forms must be received by the Finance Department's Accounts Payable Coordinator **no later than noon on Wednesday** to assure payment date by Thursday of same week. Incomplete and/or inaccurate forms will be returned to the department for correction and resubmission, which could delay issuance of the check.