

**NIAGARA FRONTIER TRANSPORTATION AUTHORITY
CHECK REQUEST**

Forward to:

Accounts Payable Department
Accounting Services
181 Ellicott Street

Request Date: _____

Name of person Requesting Check:		EXT:
Check Payable To:		
Address:		
General Ledger Account Number (s):		Check Amount:
IF CHECK IS FOR SERVICES RENDERED, A W-9 MUST BE ON FILE BEFORE A REQUEST CAN BE PROCESSED		
TOTAL PAYMENT:		
REASON FOR CHECK (Consult below & attach supporting detail)		
SPECIAL INSTRUCTIONS		
Prepared By: (Title)	General Manager/Approved Signer: (Up to \$4,999)	
Chief Financial Officer: (If Applicable)	Executive Director: (\$4,999-\$99,999) \$100,000+ attach Board Resolution	

APPROVED ITEMS

- Arbitration Fees
- Books, Publications, Periodicals & Newspapers
- Catered Events
- Claim Settlement
- Delivery & Courier Charges & Postage
- Membership Dues
- Newspaper Advertising
- PERB Charges
- Reservations & Registrations
- Seminars & Conferences

Accounting Use Only
Vendor #
Invoice #
Keyed By
Date Received
Approved By

ITEMS NOT LISTED AS APPROVED ITEMS FOR WHICH YOU ARE REQUESTING A CHECK WILL REQUIRE THE APPROVAL OF THE CHIEF FINANCIAL OFFICER. CHECKS REQUIRING LESS THAN THREE (3) DAYS TURNAROUND WILL REQUIRE THE APPROVAL OF THE EXECUTIVE DIRECTOR.