

TO: All Staff Members  
FROM: Accounts Payable – AHE Business Office  
RE: Check Request/Invoice Processing Policy

Check request forms are located in your facility's front office. The white check request form is for any check request that is not of an urgent nature and can be processed within our normal 3-4 week accounts payable cycle. (All mileage reimbursements must be on a white check request). The "urgent" check requests must be printed on yellow paper and should be used for those needed sooner than 3 weeks (i.e. petty cash requests). The urgency of the check request will be determined by the AHE business office. Please keep in mind, no check request will be processed in less than 2 weeks. If you are faxing or e-mailing an "urgent" check request, please make sure to reference accordingly.

Please fill out the check request form *completely*. Please remember to include your facility name at the top of the request next to "Facility Name", "Date Needed" means the date the check needs to be issued or the date the check should be mailed. **Anything other than a specific date (i.e. ASAP, next time checks are cut, etc.) will automatically be processed in the 3-4-week cycle, even if it's on a yellow "urgent" check request form.**

As with invoices; all check requests need to be approved by your facility's Administrator before they can be processed. Processing check requests can be delayed if they need to be sent back to the facility for Administrator approval. Please remember to attach all receipts or other documentation regarding the reimbursement. Any missing information will result in the check request being returned for completion. Please keep in mind that Winning Wheels is a not-for-profit company therefore, we do not pay or reimburse for sales tax on purchases for the facility. You can request an exempt form from the front office to use if making purchases.

For seminars or workshops, please fill out the registration form completely, attach a completed **yellow** check request, and have the Administrator sign it. It is important to fill out the bottom of the check request with the seminar information so that we may obtain reimbursement for your attendance, if possible. If this information is missing, the request will be returned to you for completion.

Please keep in mind that we process hundreds of invoices and check requests on a weekly basis. The accounts payable cycle begins once the invoice or check request is received and processed in our Lyndon office. You will want to take into consideration the time it will take to obtain your Administrator's approval, interdepartmental mail turn-around time, and our check request cycle when you register for a seminar or request a reimbursement.

Please feel free to call the AHE office at any time to check on the status of your check request or invoice. It's always possible for them to get misplaced somewhere along the way. We appreciate your cooperation with this process.

<b>FACILITY NAME</b> _____	<b>CHECK REQUEST</b>
DATE: _____	REQUESTED BY: _____
REASON FOR CHECK: _____	
MAKE CHECK OUT TO: <input type="checkbox"/> MAIL	
<input type="checkbox"/> RETURN	
NAME : _____	
ADDRESS: _____	
CITY: _____	STATE _____ ZIP _____
AMOUNT \$ _____	G/L ACCT # _____ (office use)
DATE NEEDED ____ / ____ / ____	(office use)
<b>**Must be filled out with a date - No check request will be processed in less than 2 weeks</b>	
APPROVED BY: _____	DATE: _____
<i>IF REQUEST IS FOR A SEMINAR / WORKSHOP, BOTTOM PORTION MUST BE COMPLETED OR YOUR REQUEST WILL BE RETURNED</i>	
<b>TITLE OF SEMINAR:</b> _____	
<b>SPONSOR OF SEMINAR</b> _____	
<b>DATE:</b> _____	<b>LOCATION:</b> _____
<b>NAME OF PERSONS ATTENDING (INCLUDE EMPLOYEE TITLE):</b> _____	
_____	

<b>FACILITY NAME</b> _____	<b>CHECK REQUEST</b>
DATE: _____	REQUESTED BY: _____
REASON FOR CHECK: _____	
MAKE CHECK OUT TO: <input type="checkbox"/> MAIL	
<input type="checkbox"/> RETURN	
NAME : _____	
ADDRESS: _____	
CITY: _____	STATE _____ ZIP _____
AMOUNT \$ _____	G/L ACCT # _____ (office use)
DATE NEEDED ____ / ____ / ____	(office use)
<b>**Must be filled out with a date - No check request will be processed in less than 2 weeks</b>	
APPROVED BY: _____	DATE: _____
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<b>SPONSOR OF SEMINAR</b> _____	
<b>DATE:</b> _____	<b>LOCATION:</b> _____
<b>NAME OF PERSONS ATTENDING (INCLUDE EMPLOYEE TITLE):</b> _____	
_____	