



# Check Requisition

City of South Padre Island  
4601 Padre Blvd.  
South Padre Island, TX 78597  
Phone: (956) 761-8131  
Fax: (956) 761-3892

Date: \_\_\_\_\_

Payable To: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Coding: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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P.O./Invoice: \_\_\_\_\_ Number: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Description:  
  
\_\_\_\_\_

Special Instructions:  
  
\_\_\_\_\_

Requestor: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

<b>Accounting Department Only:</b> Vendor #: _____ Processed by: _____
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