

**Fairfield County Auditor Finance Office  
Checks Held Request Form**

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**Requesting Department:** \_\_\_\_\_ **Check Run Date:** \_\_\_\_\_

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<u>Vendor No.</u>	<u>Vendor Name</u>	<u>Check Amount</u>	<u>Check No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Signature of individual authorized to pick up checks (to be signed at time of receiving checks):** \_\_\_\_\_

**Date of receiving checks:** \_\_\_\_\_

**Deputy Auditor signature:** \_\_\_\_\_

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