



**TOWN OF MERRIMAC**  
MERRIMAC, MA 01860

**REQUEST FOR CHECK**

Requesting Department: \_\_\_\_\_

Pay to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Purpose(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

For mileage reimbursement, please use mileage form found on  
<http://townofmerrimac.com/206/Accountant>

THIS FORM NOT A SUBSTITUTE FOR VENDOR INVOICES. FORM COMMONLY USED IN CASES WHERE THERE'S NO BILLING SUCH AS POST OFFICE\*, TOLLS\*, & REFRESHMENTS FOR MEETINGS\*. (\*TURN IN RECEIPTS FOR WARRANTS.) ANY QUESTIONS, PLEASE CONTACT ACCOUNTANT AT 978-346-7634 OR [AJIM@TOWNOFMERRIMAC.COM](mailto:AJIM@TOWNOFMERRIMAC.COM).