**Check Request Form**

Please write a check to the Payee listed below. I understand that:

* Winnefox writes and distributes checks around the 10th day of each month. Therefore, this Check Request Form and a completed W-9 form must be received in the WLS administration office by the first working day of each month.
* Winnefox will send a 1099-MISC tax form to each non-employee of WLS for compensation or services paid during the year.
* Winnefox will bill my library for reimbursement of this payment.

|  |  |
| --- | --- |
| **Request Date:** |  |
| **Library Name:** |  |
| **Staff Signature:** |  |

**Write Check:**

|  |  |
| --- | --- |
| **Payable To:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **Check Amount:** |  |
| **Description:** |  |
|  | **yes** |  | **No** | A W-9 Form is attached. I understand that a check will not be written without it. |

**Distribute Check:** WLS distributes checks around the 10th day of each month

|  |  |
| --- | --- |
|  | Mail check to address written on check |
|  | Send by delivery van to the requesting library attention |  |
|  | Staff Name |