

State Bar of Michigan | Check Request Form

Date of request:

Date check needed:

Amount of check:

Check made payable to:

Mail check to the above address:    **Yes**    **No**

Mail check to:  
*(if different from above)*

Purpose of check:

Account(s) distribution:

**Total:**

Requested by:

Approved by:

**Note:** Do not use this form in place of invoices, receipts, or other documentation or as a form for reimbursement.

**Questions:** Alpa Patel (517)346-6362. Attach a copy of the contract, meeting minutes or other documentation to support this check request.