

**HARTMAN**  
CHECK REQUEST

MAKE CHECK PAYABLE TO:

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		AMOUNT
DESCRIPTION:	Liberty Healthshare Annual Renewal Fee	\$75.00
	Total	\$75.00

VENDOR KEY: \_\_\_\_\_

PROPERTY: \_\_\_\_\_

ACCOUNT NO. :                    500300

DATE REQUESTED: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY:                Lou Fox

PRIORITY	
SAME DAY	_____
NEXT DAY	_____
NEXT CHECK RUN	_____
PRIORITY	
APPROVAL	_____