

# JOHNS HOPKINS HEALTH SYSTEM CHECK REQUEST FORM

0319204

Please check appropriate affiliate:

- |  |  |
|--|--|
| <p><b>0101</b> <input type="checkbox"/> JH HOSPITAL</p> <p><b>0122</b> <input type="checkbox"/> JH MEDICAL SERVICES CORP</p> <p><b>0130</b> <input type="checkbox"/> JH BAYVIEW MEDICAL CENTER</p> <p><b>0131</b> <input type="checkbox"/> JH BAYVIEW GRANTS</p> <p><b>0135</b> <input type="checkbox"/> JH GERIATRICS CENTER</p> <p><b>0137</b> <input type="checkbox"/> JH BAYVIEW "D" BUILDING</p> <p><b>0160</b> <input type="checkbox"/> JH HEALTH SYSTEM</p> | <p><b>0170</b> <input type="checkbox"/> INTRASTAFF</p> <p><b>0173</b> <input type="checkbox"/> SUBURBAN HEALTH CENTER</p> <p><b>0174</b> <input type="checkbox"/> BROADWAY MEDICAL MANAGEMENT CORP</p> <p><b>0181</b> <input type="checkbox"/> OPHTHALMOLOGY ASSOCIATES</p> <p><b>0182</b> <input type="checkbox"/> JH HEALTHCARE, LLC</p> <p><b>01</b> <input type="checkbox"/> _____</p> <p><b>01</b> <input type="checkbox"/> _____</p> |
|--|--|

Payable to: \_\_\_\_\_

Payee  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all appropriate boxes:

1099 Vendor Information	
<input type="checkbox"/>	1099 Vendor. Request for 1st payment MUST be accompanied by contract.
<input type="checkbox"/>	Soc Sec #/Fed. I.D. (1099) _____
<input type="checkbox"/>	Attachments must be enclosed with check. Requestor must include original and photocopy of attachments.

1099 Vendors MUST supply complete mailing address

Charge to:	Corp	Cost Center	Account	Amount
_____	_____ - 0 0	_____	_____	\$ _____
_____	_____ - 0 0	_____	_____	\$ _____
_____	_____ - 0 0	_____	_____	\$ _____
_____	_____ - 0 0	_____	_____	\$ _____
_____	_____ - 0 0	_____	_____	\$ _____

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Prepared By: _____	Name: _____	Extension: _____	Date: ____/____/____	Amount: \$ _____
Signature: _____			Date to be Paid: ____/____/____	

**APPROVALS**

<b>Department Approval:</b>	Name: _____	Extension: _____
Department Head: _____		
Date: _____	//	
Functional Unit/Site/Admin: _____		
Authorized Signature: _____		
Date: _____	//	

<b>Finance Approval:</b>
Authorized Signature: _____