

# CHECK REQUEST FORM



Arkansas Department of Transformation and Shared Services

Office of State Procurement

October 2022

## Section A - Agency Information

This section is to be completed by the authorized Agency Liaison/Administrator.

Requested Date		Agency Business Area/Name	
Requester's Name		Requester's Telephone Number	
Requester's Email Address			
Reason Check Requested (Required)			
Managing Account Name	Managing Account Number	Managing Account Company Number	
Statement Date	AASIS Document Number	Amount Requested	
Statement Date	AASIS Document Number	Amount Requested	
Statement Date	AASIS Document Number	Amount Requested	
		Total Amount Requested	
Signature			Date

## Section B – Bank of America

This section is to be completed by Office of State Procurement Personnel.

Date Check Received	Date Check Scanned	OSP Signature
Special Instructions to Bank of America		
<b>Send check to:</b> <b>Attn: Darlene Hicks</b> <b>501 Woodlane</b> <b>Suite 201</b> <b>Little Rock AR 72201</b>		

Please email completed form to Credit Card Team at [osp.creditcards@arkansas.gov](mailto:osp.creditcards@arkansas.gov) or fax to (501) 324-9311.