

**PROSECUTING ATTORNEYS' COUNCIL OF GEORGIA
FOOD STAMP ACCOUNT CHECK REQUEST**

SECTION 1 - GENERAL INFORMATION

Date of Request: / /

Requesting Office: _____

Complete Address: _____

Requesting Individual: _____

Title: _____

Phone Number: () - _____

The undersigned certifies that the funds to be disbursed herein comply with the terms of the Food Stamp program contract and the memorandum of understanding executed by this office in conjunction with said contract. It is further certified that documentation is on file in this office to support the within expenditures.

District Attorney/Solicitor-General Signature: _____

Judicial Circuit: _____

SECTION 2 - PAYEE INFORMATION

Check Amount: \$ _____

Payee Address: _____

Make Check Payable to: _____

(Please type or print clearly.)

County From Which Funds Will Be Disbursed: _____

Complete ONE of the Following:

-Payee Fed Tax ID #: _____ (Business) OR

-Payee Social Security #: _____ (Individual)

SECTION 3 - CHECK INFORMATION

Please Select One of the Following:

Check to be mailed to requesting individual at office address.

Check to be mailed to payee.

Check to be picked up at PAC office (requesting individual will be called when check is ready for pick-up).

SECTION 4 - NOTES

1. Please forward applicable invoices(s) with request.
2. Please either mail OR fax request and invoice(s). (There is no need to fax AND mail.)
3. Please use separate check request for each check needed.

SECTION 5 - PAC USE ONLY

ACCOUNT CODE # _____

SUB ACCOUNT # _____