

**City of Little Rock  
Manual Check Request Form**

Requestor's Name \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Invoice Number \_\_\_\_\_

Date of Original Invoice \_\_\_\_\_

Date Invoice was Received \_\_\_\_\_

Date Invoice was sent to Accounts Payable \_\_\_\_\_

Date Grants Department Received Invoice ( if applicable) \_\_\_\_\_

Reason the invoice did not meet the AP cutoff deadline  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of your invoice to this form before acquiring the required signatures.**

**Required Signatures** \_\_\_\_\_

Requestor \_\_\_\_\_

Department Director \_\_\_\_\_

Assistant City Manager/City Manager \_\_\_\_\_

Accounts Payable Supervisor/Assistant Comptroller \_\_\_\_\_