

**McLaren Health Care  
REQUEST FOR CHECK**

Date \_\_\_\_\_

Please issue check payable to: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

For : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

Charge to Account No. \_\_\_\_\_ Requested by: \_\_\_\_\_

Mail

Deliver to \_\_\_\_\_ Approved by: \_\_\_\_\_

M137-B (1/12)

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M137-B (1/12)