		/ CHECK REQUEST der Without Inked Serial Number		
BILL TO:		SHIP TO:		
CUMBERLAN 8283 River Roa P.O. Box 90727 Nashville, TN 3 515-352-1757	ud y			
Request date: Requested by: Department: Department Manas				CHECK REQUIRE FOR PURCHASE? Yes No (Circle One)
		(Signature required)	N	
NT	V	ENDOR INFORMATIO	IN	
Name:Address: City/State: Reason for expenditure or check:		Zip code:		NEW VENDOR? Yes No (Circle One)
Quantity	Item# or I.D.	Description	Unit Price	Total
		N N N N N N N N N N N N N N N N N N N		
Authorized by:		G	RAND TOTAL	,
maiorizou by.	Chief Financial Officer or de	signee required for purchases over \$250.00	Date	e://