St. Clair County Community Mental Health

Emergency Check Request

Emergency payments should only be requested when necessary to ensure the safety and well-being of persons served by SCCCMH and/or to avoid financial consequences detrimental to the Agency. Requests will be considered on a case-by-case basis.

Person Requesting Check: _____

Date of Check Request: _____ Dollar Amount of Check: _____

Vendor Name: _____

Reason for Request:

Date Check is Needed By: _____

****Please obtain both CFO's & Executive Team Member's Signatures before you turn in your request for payment****

_____ _____

Chief Financial Officer/Designee Signature Date

_____ _____

Executive Team Member Signature Date

Finance Form: #07-0252
Revised Date: 9/1/2023
Policy Ref: #07-001-0006