**COLLEGE CHECK REQUEST FORM**

**PAY TO: DATE:**

(Name of Company or Individual)

**MAIL TO:**  *PLEASE ATTACH SUPPORTING*

(Address) *DOCUMENTATION*

(City, State, Zip Code)

**INVOICE # DESCRIPTION ACCOUNT # $ AMOUNT**

XXX XXXX XXXXX

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|  |  |  |  |  |  |
| **CHECK TOTAL** | | | | |  |

**SPECIAL INSTRUCTIONS (if any):**

**REQUESTED BY: W-­‐9:**

**APPROVED BY:**

(Budget Officer/Department Head)

on file attached

exempt (student/employee, government, or registration refunds)

***Business Office Use:***

|  |  |  |  |
| --- | --- | --- | --- |
| Approval: |  | A/P Entered: |  |
| Vendor #: |  | Discount: |  |
| Pay Date: |  |  |  |

