

COLLEGE CHECK REQUEST FORM

PAY TO: _____
(Name of Company or Individual)

DATE: _____

MAIL TO: _____
(Address)

(City, State, Zip Code)

< PLEASE ATTACH SUPPORTING DOCUMENTATION

INVOICE #	DESCRIPTION	ACCOUNT #			\$ AMOUNT
		XXX	XXXX	XXXXX	
CHECK TOTAL					

SPECIAL INSTRUCTIONS (if any):

REQUESTED BY: _____

- W-9:** on file
 attached
 exempt (student/employee, government, or registration refunds)

APPROVED BY: _____
(Budget Officer/Department Head)

Business Office Use:

Approval: _____

A/P Entered: _____

Vendor #: _____

Discount: _____

Pay Date: _____

