



PRESBYTERIAN COLLEGE

CHECK REQUEST

Use this form when no invoice is available. Please submit this form as soon as the details of the commitment are known. Attach any documentary support you may have for this expenditure. Examples are contracts, program descriptions, correspondence and invoices paid by others that will be reimbursed. Do not use this form for employee compensation for services.

Check Due Date ____/____/____

Date _____

Check Payable to _____

Amount \$ _____

Address _____

City/State/Zip _____

If individual, please supply social security number _____

Mail Check to vendor - or - Return check to person requesting

Purpose of payment

(First 14 characters display on budget screen)

Account Distribution

Fund (Not Required)	Orgn	Account	Amount
			\$
			\$
			\$

Requested by _____ Extension _____

Requisitioner Signature

Date

Department Head Signature

Date

Officer Approval

Date

SUBMIT A COPY TO BUSINESS OFFICE; RETAIN A COPY FOR YOUR RECORDS