PRESBYTERIAN COLLEGE

CHECK REQUEST

Use this form ONLY 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 completed W-9 Form**

❑ 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)	Org	Account	Amount
			$
			$
			$

Requested by _____ Extension _____

_____ _____ _____ _____
Department Chair OR Head Coach OR Director Signature — Date
Dean of Graduate School OR Controller OR President's Cabinet Signature OR Business Office Manager — Date

_____ _____
VP of Finance Signature — Date

11/2026