



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

Date

VP of Finance Signature

Date

