



TODAYS DATE:	
DATE CHECK NEEDED:	

PAYEE/VENDOR	INFORMATION			
Name:		Submit to the Business Office a completed Check Request form with invoice or other supporting		
Address:	NEW ADDRESS: Y/N	documentation attached.		
71441.000.		the request	vendors, a signed W-9 should t. If you are unsure if the venc ndy Loflin in Accounts Payabl	dor is new,
City/State/Zip:			Completed paperwork should be recieved. Thursday of the previous week in which a che	
Phone:	Fax:	needed.		
Email:				
Indicate below if HOLD (Y/N)	the check should be held in the business office for pickup: HOLD FOR PICK UP BY:	CONTACT INFORMATION FOR PICK UP		
	DESCRIPTION	Charge to Account(s)	Dept Name	TOTAL
	Indicate business purpose	X-XX-XXXXX-XXX		
			SUBTOTAL	\$ -
Other Comment	s or Special Instructions		STATE TAX COUNTY TAX	
			TOTAL TAX	\$ -
			S & H	\$ -
			TOTAL	\$ -
		(4) 0		
	SIGNATURE APPROV		INT NAME	DATE
Requisitoner				
Budget Officer				