

College Finance

Check Request



Please issue a check payable to:

PLEASE PRINT

 Last name, First name

L number: _____

 Street address

Phone #: _____

 City, State, Zip

FOAP: _____

Amount: _____

FOAP: _____

Amount: _____

Total: _____

Description: _____

Dept. approval signature: _____

Date: _____

College Finance signature: _____

Date: _____

INSTRUCTIONS:

The preferred method of issuing a check is through the purchase order process; however in limited cases (i.e. Dental patient refund, student expense reimbursement, etc.) the check request may be used.

1. Please attach back up (i.e. original receipts, supporting documents, etc.)
2. Obtain approval by department head
3. Submit to College Finance for final approval and processing