CHECK REQUEST

DATE: _____ DUE DATE: _____

VENDOR: _____ VOUCHER NO: _____

ADDRESS: _____ RETURN CHECK TO: _____

_____

STANDARD CHECK REQUEST [x] All support must be attached

ADVANCE CHECK REQUEST [ ] All support must be returned to the Business Office within 5 business days of the funds being used.

BUDGET ACCOUNT NUMBER:	DESCRIPTION:	AMOUNT:

REQUESTOR: _____ DATE: _____

REQUESTOR'S E-MAIL ADDRESS: _____

REQUESTORS SIGNATURE: _____ DATE: _____

SGA APPROVAL: _____ **only if applicable**

SGA PRINT NAME: _____ DATE: _____

_____ DATE: _____

CFO APPROVAL SIGNATURE: _____

Print Name: **CFO, V.P. of Administration**