

COE COLLEGE CHECK REQUEST FORM

Check Requests are due by **Tuesday at 12 Noon** for Friday checks. Hold check for pick up or alternative mailing instructions (please indicate below).

PAY TO: _____
(Name of Company or Individual)

DATE: _____

MAIL TO: _____
(Address)

(City, State, Zip Code)

< PLEASE ATTACH SUPPORTING DOCUMENTATION

INVOICE #	DESCRIPTION	XXX	XXXX	XXXXX	\$ AMOUNT
CHECK TOTAL					

SPECIAL INSTRUCTIONS (if any):

REQUESTED BY: _____

- W-9:** on file
 attached
 exempt (student/employee, government, or registration refunds)

APPROVED BY: _____
(Budget Officer/Department Head)

Business Office Use:

Approval: _____
Vendor #: _____
Pay Date: _____

A/P Entered: _____
Discount: _____