

COE COLLEGE
CHECK REQUEST FORM

Check Requests are due by **Tuesday at 12 Noon**
for Friday checks. Requests for Coe employees
will be sent ACH.

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 of WORK (Include Dates of Service)	ACCOUNT #	\$ AMOUNT
		XXX XXXX XXXXX	XX
CHECK TOTAL			

SPECIAL INSTRUCTIONS (if any):

REQUESTED BY: _____

W-9: on file

APPROVED BY: _____

attached

(Budget Officer/Department Head)

exempt (student/employee, government,
or registration refunds)

Business Office Use:

Approval: _____

A/P Entered: _____

Vendor #: _____

Discount: _____

Pay Date: _____