

**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

☐ attached

**APPROVED BY:**

\_\_\_\_\_  
(Budget Officer/Department Head)

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

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**Business Office Use:**

Approval: \_\_\_\_\_

A/P Entered: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Discount: \_\_\_\_\_

Pay Date: \_\_\_\_\_