

SAINT JOSEPH'S COLLEGE

CHECK REQUEST

Date Check Needed: _____

**** For auditing purposes, proper documentation must be attached****
*****Check Request Forms should NOT be used if an invoice is available*****
******We cannot interoffice checks******

Payee Name: _____

Mailing Address: _____

Reason for Request: _____

<u>Dept or Fund - Main Account #</u>	<u>Amount</u>
_____ - _____	\$ _____
_____ - _____	\$ _____
_____ - _____	\$ _____
_____ - _____	\$ _____
TOTAL	\$ _____

Authorized Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____
(If required)

Delivery Method (please check one):

<input type="checkbox"/>	Call x _____ When Ready
<input type="checkbox"/>	Hold in A/P for Pick-Up
<input type="checkbox"/>	U.S. Mail to Payee

ATTN: Check will be mailed to payee if a box is not selected.