

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>Cost Center/GL Number</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.