

# SAINT JOSEPH'S COLLEGE

Check/ Cash Advance Request

Date Check Needed: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

<u>Cost Center/GL Number</u>	<u>Amount</u>
____ / _____	\$ _____
____ / _____	\$ _____
____ / _____	\$ _____
____ / _____	\$ _____

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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
<input type="checkbox"/>	Other:

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

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