

Glen Oaks Community College Check Request

Date

Requester:
Name:
Extension:

Issue Check Payable to Vendor:	
Name:	
Address:	
City, State, Zip:	
Attention:	
Phone:	Fax:
Email:	

Fund No.	Dept. No.	Object		Amount*

*Please designate amount only if total is to be split among multiple accounts.

Check Amount:	<input type="checkbox"/> Return Check to Requestor. <input type="checkbox"/> Mail Check to Vendor.
---------------	---

Reason for this request:

Comments/Special Instructions:

Invoice attached. Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Receipt to follow	Approval		
Business Office Use Only		Dean/Department Head		
Date Received in Purchasing	P.O. Number			Date Entered