

CHECK REQUEST FORM

DATE: _____

PURCHASE ORDER NO.

CHECK NO. DATE

VENDOR NO.

INVOICE NO.

SIGNATURE

PLEASE ISSUE A CHECK TO:

NAME

ADDRESS

CITY

STATE

ZIP

INDICATE FUNDS AND LINE ITEM DESCRIPTION BELOW AND ATTACH APPROPRIATE BACKUP TO THIS FORM

EXPLANATION	UR/R	LINE ITEM	FUND	AMOUNT
	SUBTOTAL			\$ -
	TAX			
	TOTAL			\$ -

PREPARED BY:

Signature

Date _____

Title

APPROVED BY:

Signature

Date _____

Title

Signature

Date _____

Title

Signature

Date _____

Title

President, NCSSM Foundation

Signature

Date _____

Title

The following document is necessary to process a check request:

Reimbursement: Copy of the bill

Advance: Advance Request Form

Services Rendered: Personal Services Contract