

## BEMIDJI STATE UNIVERSITY CHECK REQUEST

DATE	VENDOR NUMBER	DESCRIPTION	ACCOUNT	OB/CODE	AMOUNT	VENDOR NAME
02/01/01						
				<b>TOTAL</b>	<b>0.00</b>	

NAME(S) OF ACCOUNT \_\_\_\_\_

DESCRIPTION OF EXPENDITURE: \_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VICE PRESIDENTS'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUDGET DIRECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ONE CHECK \_\_\_\_\_

INDIVIDUAL CHECKS \_\_\_\_\_

PLEASE PICK UP THE CHECK OR CHECKS AT CASHIERS