

**BSU
NTC**

CHECK REQUEST

DATE	VENDOR NUMBER	DESCRIPTION	ACCOUNT #	OB/CODE	AMOUNT	VENDOR NAME
TOTAL						

NAME(S) OF ACCOUNT _____

DESCRIPTION OF EXPENDITURE: _____

ONE CHECK

INDIVIDUAL CHECKS

DATE CHECK(S) REQUIRED: _____

PICKUP CHECK(S) @ CASHIERS OFFICE

MAIL CHECK(S) TO VENDOR'S ADDRESS (POSTAGE WILL BE CHARGED TO REQUESTOR)

REQUESTOR'S SIGNATURE: _____

DATE: _____

PHONE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

VICE PRESIDENT'S SIGNATURE: _____

DATE: _____

BUSINESS OFFICE SIGNATURE: _____

DATE: _____