



BEMIDJI
STATE UNIVERSITY



**Northwest
Technical College**

Miscellaneous Payment Request (old check request)

Name of Employee requesting the payment.

Date

Company

☐ Bemidji State University

☐ Northwest Technical College

Payee (Who are we paying) One person per form

Name	Address	Email Address	Amount

Description:

Program Number

Spend Category

Date Check is required:

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

☐ Pick up Check @ Cashiers office.