

Check Request

Credit Card Request ([per Check Request & Credit Card Guidelines](#))



411 Central Avenue
Salinas, CA 93901

Date:

REQUESTER INFORMATION

Name:
Dept: Ext:

PAYMENT INFORMATION (Please Note: When paying multiple student stipends, list in alpha order by last name.)

Colleague ID: *Provide the Colleague ID for the payment recipient listed below.*

Name: _____
Address: _____
City: _____
Country: _____

Doc ID*	Description	GL / Account Number	Amount

*Confirmation# / Invoice# / Order# / etc			Total:

Additional Information / Comments:

1st Dean/Director/Budget Manager

Date

2nd Dean/Director/Budget Manager (if applicable)

Date

VP/President (when required)

Date